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     (FILE 'HOME' ENTERED AT 13:42:55 ON 26 MAY 2005)

     FILE 'MEDLINE, HCAPLUS, BIOSIS, EMBASE, WPIDS, SCISEARCH, AGRICOLA'
     ENTERED AT 13:43:35 ON 26 MAY 2005
L1           187 S JEHANLI A?/AU
L2           224 S BADWAN A?/AU
L3          2447 S SALEEM M?/AU
L4          2836 S L1-L3
L5            49 S L4 AND IMMUNOASSAY?
L6             4 S L5 AND LISINOPRIL
                 E IMMUNOASSAY/CT
L7        497049 S E3+OLD,NT,PFT,RT
L8        272081 S IMMUNOASSAY?
L9        656354 S L7 OR L8
                 E E48+ALL
L10         2405 S L9 AND IMMUNOGOLD
L11          492 S L9 AND GOLD(5A)IMMUNOASSAY?
L12         6024 S L9 AND GOLD
L13         7730 S L10-L12
                 E LATEX/CT
L14       256284 S E15+OLD,RT,NT,PFT
L15        13334 S LATEX(5A)AGGLUTINATION
L16       265511 S L14 OR L15
L17        17712 S L9 AND L16
L18        25097 S L13 OR L17
L19           47 S L18 AND (STICK? OR PADDLE?)
L20          268 S L18 AND SWAB?
L21          314 S L19 OR L20
L22            8 S L21 AND COMPETITIVE
L23            0 S L21 AND LISINOPRIL
                 E DRUG/CT
L24       660353 S E3+OLD,NT,RT,PFT
L25           53 S L21 AND (L24 OR DRUG? OR PHARMACEUT? OR MEDICINE# OR REMEDY
                 E DRUG/CT
                 E DRUG ASSAY/CT
                 E DRUG TEST/CT
                 E DRUG IMMUNOASSAY/CT
                 E ASSAY/CT
L26            3 S ANTIGEN?(5A)CONJUGATE# AND L21
L27           20 S COMPETITIVE (5A)IMMUNOASSAY AND (STICK? OR PADDLE? OR SWAB?)
L28            0 S L21 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR ENALAPRIL
L29           26 S L18 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR ENALAPRIL
L30          101 S L22 OR L25-L29
L31           59 S L30 NOT (PY>2000 OR PRY>2000 OR AY>2000)
L32           48 DUP REM L31 (11 DUPLICATES REMOVED)

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L7        497049 SEA E3+OLD,NT,PFT,RT
L8        272081 SEA IMMUNOASSAY?
L9        656354 SEA L7 OR L8
L10         2405 SEA L9 AND IMMUNOGOLD
L11          492 SEA L9 AND GOLD(5A) IMMUNOASSAY?
L12         6024 SEA L9 AND GOLD
L13         7730 SEA (L10 OR L11 OR L12)
L14       256284 SEA E15+OLD,RT,NT,PFT
L15        13334 SEA LATEX(5A) AGGLUTINATION
L16       265511 SEA L14 OR L15
L17        17712 SEA L9 AND L16
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L18       25097 SEA L13 OR L17
L19          47 SEA L18 AND (STICK? OR PADDLE?)
L20         268 SEA L18 AND SWAB?
L21         314 SEA L19 OR L20
L22           8 SEA L21 AND COMPETITIVE
L24      660353 SEA E3+OLD,NT,RT,PFT
L25          53 SEA L21 AND (L24 OR DRUG? OR PHARMACEUT? OR MEDICINE# OR
                REMEDY OR REMEDIES OR MEDICAMENT?)
L26           3 SEA ANTIGEN?(5A) CONJUGATE# AND L21
L27          20 SEA COMPETITIVE (5A) IMMUNOASSAY AND (STICK? OR PADDLE? OR
                SWAB?)
L28           0 SEA L21 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR
                ENALAPRIL OR ENALAPRILAT OR KETOTIFEN OR SILDENAFIL OR
                FLUOXETINE)
L29          26 SEA L18 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR
                ENALAPRIL OR ENALAPRILAT OR KETOTIFEN OR SILDENAFIL OR
                FLUOXETINE)
L30         101 SEA L22 OR (L25 OR L26 OR L27 OR L28 OR L29)
L31          59 SEA L30 NOT (PY>2000 OR PRY>2000 OR AY>2000)
L32          48 DUP REM L31 (11 DUPLICATES REMOVED)


=> d ibib abs l32 1-48

L32  ANSWER 1 OF 48  HCAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:         2000:291367  HCAPLUS
DOCUMENT NUMBER:          132:305459
TITLE:                    Dip-stick detection system for two-step
                          capillary flow immunoassay
INVENTOR(S):              Clark, Michael Frederick; Lyons, Nigel Frederick
PATENT ASSIGNEE(S):       Horticulture Research International, UK
SOURCE:                   PCT Int. Appl., 19 pp.
                          CODEN: PIXXD2
DOCUMENT TYPE:            Patent
LANGUAGE:                 English
FAMILY ACC. NUM. COUNT:   1
PATENT INFORMATION:

     PATENT NO.           KIND   DATE        APPLICATION NO.         DATE
     ---------------      ----   --------    --------------------    --------
     WO 2000025135         A1    20000504    WO 1999-GB3500          19991022
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM,
             AZ, BY, KG, KZ, MD, RU, TJ, TM
         RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE,
             DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
             CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
     GB 2342992            A1    20000426    GB 1998-23177           19981022
     AU 9963542            A1    20000515    AU 1999-63542           19991022
PRIORITY APPLN. INFO.:                       GB 1998-23177        A  19981022
                                             WO 1999-GB3500       W  19991022
AB   A two-step capillary flow immunoassay is provided where firstly
     sample with biotinylated antibody specific to the analyte is applied to a
     wicking strip to flow to encounter an immobilized immunoreactant which is
     either antibody specific to the analyte or is the analyte, and optionally
     to flow to an immobilized control antibody, and secondly gold
     -labeled antibody specific to biotin is applied.  The application of this
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type of dipstick format is thought to be unique for the detection fo plant-derived antigens and haptens. Metaxyl(sic) was detected with at 100 pg/mg.

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L32 ANSWER 2 OF 48 EMBASE on STN

ACCESSION NUMBER: 2001165098 EMBASE

TITLE: [Rational use of antibiotics in pediatrics: Impact of a rapid test for detection of B-hemolytic group A streptococci in acute pharyngotonsillitis].
EMPLEO RACIONAL DE LOS ANTIBIOTICOS EN PEDIATRIA: IMPACTO DE LA APLICACION DE UN TEST RAPIDO DE DETECCION DE ESTREPTOCOCO BETA-HEMOLITICO DEL GRUPO A EN LA FARINGOAMIGDALITIS AGUDA.

AUTHOR: Contessotto Spadetto C.; Camara Simon M.; Aviles Ingles M.J.; Ojeda Escuriet J.M.; Cascales Barcelo I.; Rodriguez Sanchez F.

CORPORATE SOURCE: Dr. C. Contessotto Spadetto, C/Infanta Cristina 5, 3B, 30007 Murcia, Spain. mai01mu@nacom.es

SOURCE: Anales Espanoles de Pediatria, (2000) Vol. 52, No. 3, pp. 212-219.
Refs: 23
ISSN: 0302-4342 CODEN: AEPDCE

COUNTRY: Spain
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 004 Microbiology
007 Pediatrics and Pediatric Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: Spanish
SUMMARY LANGUAGE: English; Spanish
ENTRY DATE: Entered STN: 20010523
Last Updated on STN: 20010523

AB Objectives: To assess the reliability and validity of a rapid test for the identification of Streptococcus pyogenes in the pharyngeal exudate of children presenting with pharyngotonsillitis. To evaluate the impact of its use in outpatient clinics on antibiotic use, on the incidence of second medical visits and complications, and on the degree of parental satisfaction. Patients and methods: After a clinical diagnosis of acute pharyngitis was established and written informed consent obtained from the parents, dual throat **swabs** were collected from 430 children who attended the emergency department of our hospital or the pediatric offices of three health centers in our area. The first specimen was examined by the rapid test, QuickVue® Flex Strep A, and the second one was sent to the laboratory for conventional culture. As a rule, antibiotics were indicated only when the rapid test was positive. Special emphasis was placed on explaining to parents that treatment was not necessary when the test was negative. Telephone follow-up was provided to the family during the next four weeks, after which a satisfaction survey was carried out. Results: The sensitivity of the investigated rapid test was 91.2% (negative predictive value: 96.5%) and specificity was 96.2% (positive predictive value: 90.4%). Antibiotics were given to 41.9% of the patients, approximately half the expected rate in the absence of the rapid test. There was no significant difference in the number of second visits or hospitalizations between the groups of treated and nontreated subjects. Clinical evolution was good in all cases. The degree of parental satisfaction was very high, independent of the treatment given to the patients. Conclusions The rapid test for the detection of group A

streptococci is a reliable tool for the selection of patients able to benefit from antibiotic treatment. It is easy to handle and apply and its use allows a significant reduction in the administration of antibiotics in pharyngotonsillitis. Most users accept and are satisfied with this novel diagnostic and therapeutic procedure.

L32 ANSWER 3 OF 48 EMBASE
on STN

ACCESSION NUMBER: 2000372065 EMBASE
TITLE: Efficacy of the classical swine fever (CSF) marker vaccine Porcilis® Pesti in pregnant sows.
AUTHOR: Ahrens U.; Kaden V.; Drexler Ch.; Visser N.
CORPORATE SOURCE: V. Kaden, Fed. Res. Ctr. Virus Dis. of Animals, Friedrich-Loeffler-Institutes, Institute of Infectology, Boddenblick 5a, D-17498 Insel Riems, Germany. volker.kaden.@rie.bfav.de
SOURCE: Veterinary Microbiology, (15 Nov 2000) Vol. 77, No. 1-2, pp. 83-97.
Refs: 46
ISSN: 0378-1135 CODEN: VMICDQ
PUBLISHER IDENT.: S 0378-1135(00)00265-0
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 004 Microbiology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 20001213
Last Updated on STN: 20001213

AB The efficacy of the classical swine fever (CSF) subunit marker vaccine Porcilis® Pesti based on baculovirus expressed envelope glycoprotein E2 of CSF virus (CSFV) was evaluated in pregnant sows. Ten gilts were vaccinated with one dose of marker vaccine, followed by a second dose 4 weeks later. Four gilts remained unvaccinated and received a placebo at the same times. Thirty-three days after the second vaccination all animals were artificially inseminated. Neither local or systemic reactions nor an increase of body temperature were observed after vaccinations. All gilts showed a normal course of pregnancy. Thirty-five days after first vaccination all animals developed E2 specific neutralising antibodies with titres in the range of 5.0 and 7.5 log2. No antibodies to CSFV-E(rns) were found in ELISA. On day 65 of gestation (126 days after the first immunisation) all sows were infected intranasally using 2ml (106.6 TCID50/ml) of the low virulent CSFV strain 'Glentorf'. After challenge in two of the unvaccinated control sows a slight transient increase of body temperature was observed, whereas leukopenia was demonstrated in all control animals. In addition all controls became viraemic. Vaccinations with the CSFV subunit vaccine protected the animals from clinical symptoms of CSF. In two sows a moderate decrease of leukocyte counts was detected on day 5 post infection. In contrast to the unvaccinated control sows in none of the vaccinated animals virus was isolated from the nasal **swabs** or the blood. Approximately 40 days after challenge all sows were killed and necropsy was done. The sows and their offspring were examined for the presence of CSFV in blood, bone marrow and different organs. No virus was found in any of the sows. In contrast, in all litters of the control sows CSFV was found in the blood as well as in the organ samples. Nine out of 10 litters of the vaccinated sows were protected from CSFV infection. Blood samples, lymphatic organs and bone marrow of these animals were all

virologically negative. When sera were tested for CSFV-antibodies all sows had developed E(rns)-specific antibodies but no CSFV-specific antibodies were found in any of the progeny. It was concluded that vaccination with CSF subunit marker vaccine Porcilis® Pesti protected 90% of the litters from viral infection when sows were challenged mid-gestation using the CSFV-strain 'Glentorf'. (C) 2000 Elsevier Science B.V.

L32 ANSWER 4 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 2000:493864 BIOSIS
DOCUMENT NUMBER: PREV200000493985
TITLE: Chlamydia trachomatis in symptomatic and asymptomatic men: Detection in urine by enzyme **immunoassay**.
AUTHOR(S): Mason, P. R. [Reprint author]; Gwanzura, L.; Gregson, S.; Katzenstein, D. A.
CORPORATE SOURCE: BRTI, Harare, Zimbabwe
SOURCE: Central African Journal of Medicine, (March, 2000) Vol. 46, No. 3, pp. 62-65. print.
CODEN: CAJMA3. ISSN: 0008-9176.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 15 Nov 2000
Last Updated on STN: 10 Jan 2002

AB Background: Infection with Chlamydia trachomatis is known to be a common cause of urethritis and cervicitis. The standard methods of detection require the collection of intra-urethral and/or cervical **swabs**, which may be submitted for culture, antigen detection or nucleic acid amplification. The collection of **swabs** is suitable only within the context of a health care facility. Recent reports have indicated that antigen detection can be used with urine specimens, and because these can be self-collected, this may be particularly useful for the detection of asymptomatic carriage. Objective: To determine the sensitivity and specificity of urine antigen assays in the detection of chlamydial infection in men. Setting: Two groups of men were investigated; men with urethritis attending clinics or private practitioners, and healthy adult men enrolled into either urban or rural HIV prevention projects. Methods: Urine samples from men in both groups were collected and assayed for the presence of chlamydial antigen using a commercial enzyme **immunoassay** (EIA) kit. For symptomatic men an intra-urethral **swab** was also collected and assayed for antigen detection using a commercial EIA. For asymptomatic men, a ligase chain reaction was carried out on the same urine sample. Results: The prevalence of chlamydial antigen in symptomatic men was 15% (39/257), and in asymptomatic men was 4% (15/349). The sensitivity and specificity of urine EIA for symptomatic men was 87% and 83% respectively. For asymptomatic men, the sensitivity of urine EIA was 86%, and the specificity was 100%. Conclusion: Urine EIA is a relatively inexpensive method for the detection of chlamydial infections in men. The true specificity in symptomatic men may be higher, as the "**gold** standard" that we used may give false negative results. Antigen EIA for examination of urine specimens from community surveys of asymptomatic men may be particularly useful because of the low cost of assays, and because urine samples can be self-collected without discomfort to study subjects. The prevalence of C. trachomatis that we describe here is consistent with other studies of chlamydial epidemiology in Zimbabwe.

L32 ANSWER 5 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 1999349676 EMBASE
TITLE: Within-patient comparison of effects of different dosages

of **enalapril** on functional capacity and neurohormone levels in patients with chronic heart failure.

AUTHOR: Brunner-La Rocca H.P.; Weilenmann D.; Kiowski W.; Maly F.E.; Candinas R.; Follath F.
CORPORATE SOURCE: Dr. H.P. Brunner-La Rocca, Baker Medical Research Institute, PO Box 6492, Melbourne, Vic. 8008, Australia

SOURCE: American Heart Journal, (1999) Vol. 138, No. 4 I, pp. 654-662.
Refs: 40
ISSN: 0002-8703 CODEN: AHJOA2
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19991021
Last Updated on STN: 19991021

AB Background: Angiotensin-converting enzyme (ACE) inhibitors are established as first, line therapy in chronic heart failure (CHF). However, conflicting results exist regarding the dose-effect relation of ACE inhibitors. Methods: We investigated 45 patients (age 55 ± 10 years) with stable CHF who presented with a maintenance dosage of **enalapril** of either 5 mg given twice daily (E10; n = 16), 10 mg given twice daily (E20; n = 18), or 20 mg given twice daily (E40; n = 11). This dosage was changed 3 times to treat all patients with lower, higher, and the initial dosages for 4 weeks each. Neurohormones (atrial natriuretic peptide [ANP], brain natriuretic peptide [BNP], and norepinephrine) and **enalaprilat** trough levels were measured, and ergospirometry was performed. Results: Changes in **enalapril** dose and **enalaprilat** level were concordant in 82% of patients, indicating good compliance. After augmentation of **enalapril** to 40 mg daily, patients in the E10 group showed an increase in maximal oxygen consumption and a decrease in neurohormonal stimulation, whereas the opposite changes were observed after reduction of **enalapril** to 10 mg daily in patients in the E20 and E40 groups (maximal oxygen consumption: Δ1.1 ± 2.0 vs -1.0 ± 1.9 mL · kg-1 · min-1, p < .01; ANP: Δ-63 ± 106 vs 19 ± 54 pg/mL, P < .01; BNP: Δ-62 ± 104 vs 18 ± 89 pg/mL, P < .05; norepinephrine: Δ-1.3 ± 2.9 vs 0.6 ± 1.8, P < .05). Within-patient comparison showed that neurohormone levels were higher and exercise capacity lower while patients were receiving 10 mg of **enalapril** per day than when they were receiving 40 mg per day (ANP: 172 ± 148 vs 139 ± 122 pg/mL, P < .01; BNP: 193 ± 244 vs 152 ± 225 pg/mL, P < .005; norepinephrine: 4.2 ± 2.2 vs 3.5 ± 1.6 nmol/L, P < .05; maximal oxygen consumption 22.0 ± 4.4 vs 21.3 ± 4.3 mL · kg-1 · min-1 p < .05). Similar differences were observed when comparing these variables, and patients had lowest and highest **enalaprilat** through levels. Conclusions: High doses of **enalapril** resulted in an improvement of exercise capacity and reduction of neurohumoral stimulation, whereas these parameters worsened after reduction of **enalapril** dose. Thus patients with congestive heart failure may benefit from increasing dosage of ACE inhibitors.

L32 ANSWER 6 OF 48 EMBASE
on STN
ACCESSION NUMBER: 1999280829 EMBASE

TITLE: Diagnostic tests and specimens used to screen for Chlamydia trachomatis in genitourinary **medicine** clinics in the United Kingdom.
AUTHOR: David L.M.
CORPORATE SOURCE: L.M. David, Department of Genitourinary Medicine, George Eliot Hospital, College Street, Nuneaton, Warwickshire CV10 7DJ, United Kingdom. Loay.David@GEH-TR.WMIDS.NHS.UK
SOURCE: International Journal of STD and AIDS, (1999) Vol. 10, No. 8, pp. 527-530.
Refs: 13
ISSN: 0956-4624 CODEN: INSAE3
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 004 Microbiology
013 Dermatology and Venereology
036 Health Policy, Economics and Management
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19990826
Last Updated on STN: 19990826

AB This questionnaire study looked at the diagnostics tests and specimens used to screen for Chlamydia trachomatis in UK genitourinary **medicine** (GUM) clinics. Replies were received from 70% (185/265) of clinics. Half used only one site to screen women. One-third took anal **swabs** from patients who had anal sex and 10% took oropharyngeal **swabs** from patients who had oral sex. **Immunoassays** were used to screen men for chlamydia in 86% of the clinics and women in 88%. Only 60% of male and 62% of female **immunoassays** were supplemented by a second test. Six per cent of clinics used molecular technique (MT) to screen men and 4% to screen women and 4% were trying to acquire it. Culture was not available to 58% of clinics. MT was not available to 81%, 89% of which was due to non provision locally and/or cost. Only 7% of clinicians thought that using MT for screening was unnecessary. There were significant differences in the availability of the technique between large academic and small clinics. A national review of GUM strategies to screen for C. trachomatis with adequate funding is urgently needed.

L32 ANSWER 7 OF 48 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2000018809 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10551112
TITLE: Development of a method to detect and quantify prostaglandin E2 in pulpal blood from cariously exposed, vital primary molar teeth.
AUTHOR: Waterhouse P J; Whitworth J M; Nunn J H
CORPORATE SOURCE: Department of 1 Child Dental Health, School of Dentistry, University of Newcastle upon Tyne, England, UK.. p.j.waterhouse@ncl.ac.uk
SOURCE: International endodontic journal, (1999 Sep) 32 (5) 381-7. Journal code: 8004996. ISSN: 0143-2885.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Dental Journals
ENTRY MONTH: 199911
ENTRY DATE: Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991117

AB AIM: The aim of this in vitro study was to detect and quantify an established marker of inflammation, prostaglandin E2 (PGE2), in blood

samples harvested from radicular pulp stumps after coronal pulp amputation. METHODOLOGY: Harvesting was achieved by a paper strip 'dip-**stick**' method and the volume of each sample estimated before storage at -80 degrees C. A **competitive**, plate-based enzyme **immunoassay** technique (EIA) was developed for detection and quantification of the inflammatory mediator assumed to be present in blood samples. Since this technique had not previously been used to assess pulp blood, steps in the development of harvesting, storage, extraction and validation of this sensitive assay are described. RESULTS: Thirty-nine single-blood samples were assayed and yielded detectable amounts of PGE2 ranging from 1.0 to 2641 ng mL-1. CONCLUSIONS: The results of this investigation indicate that the inflammatory mediator, PGE2 can be detected and quantified in small blood samples from pulp stumps. Further development may derive quantitative tests for determining the condition of pulp tissue in primary molar pulp treatment.

L32 ANSWER 8 OF 48 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1998:825968 SCISEARCH
THE GENUINE ARTICLE: 131LE
TITLE: Appropriate use of antibiotics for URIs in children: Part II. Cough, pharyngitis and the common **gold**
AUTHOR: Dowell S F (Reprint); Schwartz B; Phillips W R
CORPORATE SOURCE: CTR DIS CONTROL & PREVENT, ATLANTA, GA 30333 (Reprint); UNIV WASHINGTON, SCH MED, SEATTLE, WA
COUNTRY OF AUTHOR: USA
SOURCE: AMERICAN FAMILY PHYSICIAN, (15 OCT 1998) Vol. 58, No. 6, pp. 1335-1342.
Publisher: AMER ACAD FAMILY PHYSICIANS, 8880 WARD PARKWAY, KANSAS CITY, MO 64114-2797.
ISSN: 0002-838X.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: English
REFERENCE COUNT: 68
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB This article summarizes the principles of judicious antimicrobial therapy for three of the five conditions-cough, pharyngitis, the common cold-that account for most of the outpatient use of these **drugs** in the United States. The principles governing the other two conditions, otitis media and acute sinusitis, were presented in the previous issue. This article summarizes evidence against the use of antibiotic treatment for illness with cough or bronchitis in children, unless the cough is prolonged. Although empiric treatment maybe started in patients With pharyngitis when streptococcal infection is suspected the authors recommend withholding antibiotic treatment until antigen testing or culture is positive. There is never any indication for antibiotic treatment of the common com; it is important to understand the natural history of colds, because symptoms such as mucopurulent rhinitis or cough, even when they persist for up to two weeks, do not necessarily indicate bacterial infection.

L32 ANSWER 9 OF 48 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 1998258887 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9598940
TITLE: A comparison of PCR with virus isolation and direct antigen detection for diagnosis and typing of genital herpes.
AUTHOR: Slomka M J; Emery L; Munday P E; Moulsdale M; Brown D W
CORPORATE SOURCE: Enteric and Respiratory Virus Laboratory, Central Public Health Laboratory, London, United Kingdom.

SOURCE: Journal of medical virology, (1998 Jun) 55 (2) 177-83.
Journal code: 7705876. ISSN: 0146-6615.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199807
ENTRY DATE: Entered STN: 19980716
Last Updated on STN: 19980716
Entered Medline: 19980707

AB Patients attending the genitourinary **medicine** clinic at Watford General Hospital, UK, were examined for clinical signs of genital herpes infection. Genital **swabs** were taken from 194 patients (126 female, 68 male) who presented with genital ulceration or symptoms which were suggestive of genital herpes infection. **Swabs** from these patients were tested by three methods: (i) Detection of herpes simplex virus (HSV) antigen by direct HSV enzyme **immunoassay** (EIA), (ii) HSV isolation in Vero cell culture and (iii) HSV polymerase chain reaction (PCR). HSV was detected in 76 patients (39%) by EIA, in 93 (48%) by isolation in cell culture, and in 115 (59%) by PCR. Isolation by cell culture has been considered as the "**gold** standard" for the detection of HSV in genital lesions, but in this study HSV PCR was significantly more sensitive. Comparison of the three methods was as follows: Cell culture vs. PCR: Sensitivity 93/115 (80.9%), Specificity 79/79 (100%). HSV EIA vs. PCR: Sensitivity 75/115 (65.2%), Specificity 78/79 (98.7%). HSV EIA vs. Cell culture: Sensitivity 75/93 (80.7%), Specificity 100/101 (99%). EIA was less effective in detecting HSV among recurrent than among first episode infections, in comparison to culture or HSV PCR. This is the first comparison of HSV PCR with two other routine diagnostic methods for confirming genital herpes infection in a symptomatic population. The infecting HSV type was identified by restriction digestion of 108 HSV amplicons: HSV-1:37/108 (34%), HSV-2:71/108 (66%). In this population HSV-1 causes a significant proportion of genital herpes cases, and HSV-1 genital infection was detected in significantly more first episode infections (40.3%) than among recurrent infections (22.2%).

L32 ANSWER 10 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 1998165225 EMBASE
TITLE: Sensitivity of the ligase chain reaction assay for detecting Chlamydia trachomatis in vaginal **swabs** from women who are infected at other sites.
AUTHOR: Thomas B.J.; Pierpoint T.; Taylor-Robinson D.; Renton A.M.
CORPORATE SOURCE: Dr. B.J. Thomas, Department of Genitourinary Medicine, Winston Churchill Wing, Imperial College School of Medicine, Paddington, London W2 1NY, United Kingdom
SOURCE: Sexually Transmitted Infections, (1998) Vol. 74, No. 2, pp. 140-141.
Refs: 7
ISSN: 1368-4973 CODEN: STINF
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 004 Microbiology
005 General Pathology and Pathological Anatomy
010 Obstetrics and Gynecology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19980618
Last Updated on STN: 19980618

AB Objective: To assess the sensitivity of the ligase chain reaction (LCR) assay for Chlamydia trachomatis in vaginal **swabs** from women who were positive in cervical samples and/or urines. Subjects: 413 women attending the genitourinary **medicine** clinic, St Mary's Hospital, Paddington. Methods: The LCR assay was used to test vaginal **swabs** from 46 women who were C trachomatis positive at one or both of the other sites by direct fluorescent antibody (DFA) staining, by an enzyme **immunoassay** (EIA), or by the LCR assay. Results: The LCR assay of vaginal **swabs** had the following sensitivity values using confirmed positive results: 93% (41/44) compared with DFA staining of cervical deposits, 93% (41/44) compared with the LCR assay of cervical samples, 93% (28/30) compared with an EIA for cervical samples, 91% (39/43) compared with DFA staining of urine deposits, and 93% (39/42) compared with the LCR assay of urine. Four women had vaginal **swab** samples negative by the LCR assay; one was positive only in the urine and two had cervical samples containing a small number of chlamydial elementary bodies. Conclusion: Testing vaginal **swabs** by the LCR assay is a sensitive method of detecting chlamydial infection; the results suggest that this procedure could be used as an alternative to examining urines in a screening programme for chlamydial infection in the community.

L32 ANSWER 11 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 97087434 EMBASE
DOCUMENT NUMBER: 1997087434
TITLE: An adverse reaction to angiotensin-converting enzyme inhibitors in a patient with neglected C1 esterase inhibitor deficiency.
AUTHOR: Ebo D.G.; Stevens W.J.; Bosmans J.L.
CORPORATE SOURCE: Dr. W.J. Stevens, Department of Immunology, University of Antwerp, Universiteitsplein 1, B 2610 Antwerpen, Belgium
SOURCE: Journal of Allergy and Clinical Immunology, (1997) Vol. 99, No. 3, pp. 425-426.
Refs: 12
ISSN: 0091-6749 CODEN: JACIBY
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 029 Clinical Biochemistry
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
ENTRY DATE: Entered STN: 970414
Last Updated on STN: 970414
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L32 ANSWER 12 OF 48 SCISEARCH COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 97:464973 SCISEARCH
THE GENUINE ARTICLE: XE059
TITLE: The future in tonsillopharyngitis: Rapid strep test
AUTHOR: Cohen R (Reprint); Chaumette L; Bingen E; DeGouvello A; delaRocque F
CORPORATE SOURCE: CTR HOSP INTERCOMMUNAL, MICROBIOL SERV, 40 AV VERDUN, F-94010 CRETEIL, FRANCE (Reprint)
COUNTRY OF AUTHOR: FRANCE
SOURCE: MEDECINE ET MALADIES INFECTIEUSES, (APR 1997) Vol. 27, No. 4, pp. 424-433.
Publisher: SOC FRANCAISE EDITION MED, 22-24 RUE DU CHATEAU RENTIERS, 75013 PARIS, FRANCE.
ISSN: 0399-077X.

DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: French
REFERENCE COUNT: 69
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB In France, 8 to 10 millions of antibiotic treatments are prescribed yearly for tonsillopharyngitis, one of the main cause for antibiotic prescription. Group A streptococci is the main bacteria responsible of this disease and can lead to severe complications such as acute rheumatic fever (ARF). Because clinical presentation correlates poorly with actual streptococcal infection, the french behavior was the initiation of an antibiotic treatment for nearly all cases. It probably contributed to the decrease of ARF. The main problem of this behavior is the over-consumption of antibiotics and its consequence : the developpement of **drug** resistant bacteria. Rapid antigen detection tests, at the practitionner's office, allow in most cases the detection of specific antigens within a few minutes. In case of positive results. their good specificity leads to treat with antibiotics. However their variable sensitivity (80 to 90%) should conduct to perform a throat culture in case of negative test, for patients susceptible to develop ARF. Reglementary policy and economic reasons are opposed to the distribution of doctor test in France. The use of rapid strep test (RST) should be considered only if its purpose is the decrease of antibiotics consumption in ENT infections. In our opinion, the systematic use of RST for tonsillopharyngitis at once is an illusion. However it is desirable to promote the use of RST for practitionners who wish to limit their antibiotic prescriptions. Two facts must be kept in mind: no RST has a 100% sensitivity, no test is as quickly done as the prescription of an antibiotic.

L32 ANSWER 13 OF 48 EMBASE
on STN
ACCESSION NUMBER: 1998227078 EMBASE
TITLE: Diagnostic methods in the determination of drug allergy.
AUTHOR: Kotrulja L.; Milavec-Puretic V.; Pasic A.
CORPORATE SOURCE: Dr. V. Milavec-Puretic, Department of Dermatovenereology, Zagreb Clinical Hospital, Zagreb University School of Medicine, Salata 4, 10000 Zagreb, Croatia
SOURCE: Acta Dermatovenerologica Croatica, (1997) Vol. 5, No. 3, pp. 111-116.
Refs: 30
ISSN: 1330-027X CODEN: ADCREK
COUNTRY: Croatia
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 006 Internal Medicine
013 Dermatology and Venereology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English; Serbo-Croatian
ENTRY DATE: Entered STN: 19980814
Last Updated on STN: 19980814

AB Drug induced cutaneous eruptions can be produced by a number of different drugs. All four types of allergic hypersensitivity reactions according to Coombs and Gell can be involved, but some of them can be caused by pseudoallergic reactions. We present 17 clinical types of drug hypersensitivity reactions in which various medications have been reported to give rise. The diagnosis of drug allergy determination is very difficult. In order to determine the positive or negative response to in vivo and in vitro tests are carried out in practice. Skin tests used in

clinical practice are: prick, scratch, intradermal and conjunctival tests as well as patch, scratch- patch and photo patch tests. In vitro tests are: RIST, RAST, ITDBG (Shelley's test), LTT and CAST-ELISA test. The methods and protocol of all these tests are described. In patients with a positive history of drug allergy and negative response to diagnostic tests, oral challenge test should be performed as the most competent test in the diagnosis of drug allergy.

L32 ANSWER 14 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 96078303 EMBASE
DOCUMENT NUMBER: 1996078303
TITLE: A rapid **immunoassay** for drugs of abuse and tricyclic antidepressants.
AUTHOR: Baskin L.B.; Morgan D.L.; Parupia J.Y.
CORPORATE SOURCE: Department of Pathology, Texas University SW Medical Center,Dallas, TX 75235-9072, United States
SOURCE: Laboratory Medicine, (1996) Vol. 27, No. 3, pp. 193-197. ISSN: 0007-5027 CODEN: LBMEBX
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
029 Clinical Biochemistry
040 Drug Dependence, Alcohol Abuse and Alcoholism
049 Forensic Science Abstracts
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 960325
Last Updated on STN: 960325

AB Results for eight drug assays from the urine drug screening protocol used at Parkland Memorial Hospital a combination of **immunoassay** (EMIT, Syva, San Jose, Calif) and automated high-performance liquid chromatography (REMEDi, Bio-Rad Laboratories, Hercules, Calif)-were compared with those from the Triage Panel for Drugs of Abuse Plus Tricyclic Antidepressants (Biosite Diagnostics, San Diego, Calif). Fifty-nine specimens were collected from patients seen in the emergency department. Specimens were selected for their potential to pose difficulty in interpretation. The two methods agreed extremely well for amphetamines, cocaine, and opiates, and reasonably well for benzodiazepines and tricyclic antidepressants. Although agreement was good for barbiturates, cannabinoids, and phencyclidine, enough samples were not available to provide an adequate comparison. The Triage panel is a rapid method that is easy to perform. Confirmation by another technique still may be required in certain cases.

L32 ANSWER 15 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 96183984 EMBASE
DOCUMENT NUMBER: 1996183984
TITLE: Total organic carbon analysis of **swab** samples for the cleaning validation of bioprocess fermentation equipment.
AUTHOR: Strege M.A.; Stinger T.L.; Farrell B.T.; Lagu A.L.
CORPORATE SOURCE: Lilly Research Laboratories, Lilly Corporate Center,Indianapolis, IN 46285, United States
SOURCE: BioPharm, (1996) Vol. 9, No. 4, pp. 42-45. ISSN: 1040-8304 CODEN: BPRME5
COUNTRY: United States
DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 029 Clinical Biochemistry
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 960716
Last Updated on STN: 960716

AB Validated cleaning procedures are needed to ensure the absence of contaminants from bioprocessing equipment, and these procedures must be supported by appropriate analytical methodology. This article describes the development of a quantitative total organic carbon (TOC) assay for residual carbon-containing materials on stainless steel surfaces using E. coli cells as a model substances.

L32 ANSWER 16 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN DUPLICATE 3

ACCESSION NUMBER: 1996:162709 BIOSIS
DOCUMENT NUMBER: PREV199698734844
TITLE: Aetiology of pneumonia in hospitalized children.
AUTHOR(S): Patwari, A. K. [Reprint author]; Bisht, Seema; Srinivasan, Ashok; Deb, Manorama; Chattopadhya, D.
CORPORATE SOURCE: 93 Chitra Vihar, Delhi-110092, India
SOURCE: Journal of Tropical Pediatrics, (1996) Vol. 42, No. 1, pp. 15-20.
ISSN: 0142-6338.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 11 Apr 1996
Last Updated on STN: 11 Apr 1996

AB One-hundred-and-thirty-two children with clinical and radiological evidence of bronchopneumonia/pneumonia were studied over a 1-year period for isolation/detection of bacterial and viral aetiological pathogens. Throat **swab**, nasopharyngeal aspirate (NPA), and lung aspirate were studied for bacterial and viral cultures. NPA was also subjected to **latex agglutination** test (LA) for H. influenzae and S. pneumoniae; and immunofluorescent technique (IFAT) and enzyme **immunoassay** (EIA) for respiratory syncytial virus (RSV). Blood culture for bacterial pathogens, and LA of blood and urine was also undertaken. Haemophilus influenzae was the commonest organism (15 per cent) isolated as the sole pathogen followed by RSV (14 per cent), Klebsiella (13 per cent) and S. pneumoniae (12 per cent). E. coli was the commonest organism (50 per cent) in infants lt 3 months and was closely followed by RSV (44 per cent), Klebsiella (25 per cent), and S. pneumoniae (18 per cent). Isolation rate of E. coli gradually declined with age. RSV (47 per cent) and H. influenzae (31 per cent) were the commonest organisms between 7 and 24 months. S. pneumoniae and Staph. aureus were common bacterial pathogens identified in all age groups with maximum isolation of 20 and 40 per cent, respectively, in children more than 5 years. Isolation of E. coli, Klebsiella and Staph. aureus was highest from NPA culture, while as S. pneumoniae and H. influenzae were most often detected by LA. Out of 12 cases from whom a lung aspirate was collected, bacterial pathogen could be isolated in six cases (50 per cent). Detection of RSV by EIA was higher than by culture or IFAT. Most of the organisms were resistant to chloramphenicol except for H. influenzae. All the isolates of S. pneumoniae were sensitive to all the antibiotics. Bacterial pathogens were isolated/detected in 74 per cent of cases and RSV was the aetiological agent in 49 per cent of cases investigated for viral aetiology. Higher detection rate of RSV is attributed to selection of cases in winter months during a period of suspected epidemic of RSV.

L32 ANSWER 17 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 1995:439391 BIOSIS
DOCUMENT NUMBER: PREV199598453691
TITLE: Simplified procedure for preparation of sensitized latex particles to detect capsular polysaccharides: Application to typing and diagnosis of Actinobacillus pleuropneumoniae.
AUTHOR(S): Inzana, Thomas J. [Reprint author]
CORPORATE SOURCE: Center Molecular Med. Infectious Diseases, Virginia-Maryland Regional Coll. Veterinary Med., Virginia Polytechnic Inst. State Univ., Blacksburg, VA 24061-0342, USA
SOURCE: Journal of Clinical Microbiology, (1995) Vol. 33, No. 9, pp. 2297-2303.
CODEN: JCMIDW. ISSN: 0095-1137.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Oct 1995
Last Updated on STN: 10 Oct 1995

AB A novel, inexpensive method for obtaining immunoglobulin G (IgG) specific for capsular antigen is described for use in **latex agglutination** tests. Hyperimmune rabbit serum against encapsulated Actinobacillus pleuropneumoniae was thoroughly adsorbed with a nonencapsulated mutant. The capsule titer of the adsorbed serum was unaffected, whereas reactivity to nonencapsulated cells was reduced to background levels, as determined by enzyme **immunoassay**. The IgG component of the adsorbed serum was recovered by protein A chromatography and was covalently coupled through a water-soluble carbodiimide to carboxylate latex beads. The sensitized latex particles (SLP) were agglutinated by 10 ng of homologous capsule or more per ml, were not agglutinated by heterologous capsules at concentrations of lt 10 mu-g/ml, and were stable for over 1 year at 4 degree C without loss of sensitivity. There was no difference in the sensitivity or specificity of latex particles coupled with IgG purified by capsule affinity chromatography. The SLP were agglutinated by all strains of bacteria of the homologous serotype but not by heterologous serotypes or strains of Pasteurella multocida, Actinobacillus suis, or Haemophilus parasuis tested at a density equivalent to a 0.5 McFarland standard. The SLP detected homologous capsule in lung tissue, nasal **swabs**, and concentrated urine samples from all pigs culture positive for A. pleuropneumoniae but one. Precoating of carboxylate latex particles with avidin followed by conjugation of biotin-hydrazide-labelled IgG to capsule increased the sensitivity of the assay approximately 10-fold. Adsorption of serum with nonencapsulated mutants may be used to prepare SLP with optimum sensitivity and specificity without the need to purify capsule or couple capsule to affinity columns.

L32 ANSWER 18 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1994:158188 HCAPLUS
DOCUMENT NUMBER: 120:158188
TITLE: Reagents and kits for determination of fetal fibronectin in a vaginal sample
INVENTOR(S): Senyei, Andrew E.; Teng, Nelson N. H.
PATENT ASSIGNEE(S): Adeza Biomedical Corp., USA
SOURCE: U.S., 19 pp. Cont.-in-part of U.S. Ser. No. 274,268, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 6
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5281522	A	19940125	US 1990-628282	19901214
US 5096830	A	19920317	US 1988-244969	19880915
US 5223440	A	19930629	US 1988-274267	19881118
US 5185270	A	19930209	US 1988-282426	19881212
CA 2098180	AA	19920614	CA 1991-2098180	19911209
WO 9210585	A1	19920625	WO 1991-US9259	19911209
W: AU, CA, JP				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE				
AU 9191321	A1	19920708	AU 1991-91321	19911209
EP 563165	A1	19931006	EP 1992-901573	19911209
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, MC, NL, SE				
JP 06503645	T2	19940421	JP 1992-502401	19911209
PRIORITY APPLN. INFO.:			US 1988-244969	A2 19880915
			US 1988-274267	A2 19881118
			US 1988-274268	B2 19881118
			US 1988-282426	A2 19881212
			US 1987-121894	B2 19871117
			US 1987-121895	B2 19871117
			US 1987-121899	B2 19871117
			US 1987-121900	B2 19871117
			US 1990-628282	A 19901214
			WO 1991-US9259	A 19911209

AB Methods, reagents, and kits are described for detection of normal or ectopic pregnancy, the termination of pregnancy, or increased risk of preterm labor and rupture of membranes. Each embodiment involves sampling from the vaginal cavity and determining the presence or absence of fetal fibronectin in the test sample by sandwich or **competitive immunoassay**. Reagents and reagent kits for the above assays are included. The kit contains anti-(fetal fibronectin) antibody and an anti-fibronectin antibody, 1 of which is immobilized, and a device for collection, filtration, and/or dilution of vaginal samples. Thus, a kit comprised (1) a plastic housing containing a monoclonal anti-(fetal fibronectin) antibody immobilized on a porous nylon membrane, a flow control membrane system, and an absorbent layer, (2) a colloidal Au-labeled goat anti-fibronectin antibody conjugate in a protein matrix, (3) conjugate reconstitution buffer, (4) wash solution, and (5) a sterile sample collection **swab**. A pos. result was shown by a pink or red spot in the test zone of the membrane.

L32 ANSWER 19 OF 48 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 1994-248946 [30] WPIDS
CROSS REFERENCE: 1992-349373 [42]; 1996-361956 [36]; 1996-412867 [41]; 1997-244388 [22]; 1998-466591 [40]
DOC. NO. CPI: C1994-113225
TITLE: Magnetic separator for isolating magnetically-labelled substances - has non-magnetic container in gap between magnet array causing particles to adhere to selected locations on the container internal wall.
DERWENT CLASS: B04 D16 J04
INVENTOR(S): FEELEY, B P; GOHEL, D I; LIBERTI, P A; TANG, W; WANG, Y; GOHEL, D L; WEIXIN, T
PATENT ASSIGNEE(S): (IMMU-N) IMMUNIVEST CORP; (IMMU-N) IMMUNICON CORP
COUNTRY COUNT: 18
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9415696	A1	19940721	(199430)*	EN	54

RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
W: JP
US 5466574 A 19951114 (199551) 20

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9415696	A1	WO 1993-US8525	19930909
US 5466574	A CIP of	US 1991-674678	19910325
		US 1993-6071	19930115

FILING DETAILS:

PATENT NO	KIND	PATENT NO
US 5466574	A CIP of	US 5186827

PRIORITY APPLN. INFO: US 1993-6071 19930115; US 1991-674678 19910325

AN 1994-248946 [30] WPIDS

CR 1992-349373 [42]; 1996-361956 [36]; 1996-412867 [41]; 1997-244388 [22]; 1998-466591 [40]

AB WO 9415696 A UPAB: 19981008

Magnetically responsive particles are separated from a non-magnetic test medium in a non-magnetic container. The appts. includes a yoke on which magnets are mounted in such a way as to define a gap in which the container is supported. The magnets generate a magnetic field gradient in the container which is stronger along the interior surface of the container wall than in more distant points from the wall. This field is operative to attract the magnetically responsive particles to the interior wall and cause them to **stick** there. The yoke is shaped allowing removal and insertion of the container at a range of angles with directional components defined by two perpendicular axes.

USE/ADVANTAGE - The separation can be used in laboratory and clinical processes involving biospecific affinity reactions, e.g. those used in testing samples such as blood or urine for the determination of target substances such as cells, proteins or nucleic acid sequences. The appts. is simple. It maximises magnetic field gradients using magnets external to the container, reduces entrapment of non-target substances and eliminates loss of immobilised target substances due to shear forces or collisions with other biological entities.

Dwg.2/11

ABEQ US 5466574 A UPAB: 19951221

Magnetic sepn. of a target substance from a non-target test medium in a magnetic separator comprising a container with a peripheral wall and internal magnetic means, comprises: (a) contacting magnetic particles having a receptor with the test medium to give target substance-bearing magnetic particles, (b) adding the medium to the container, (c) partitioning the container with the wall adjacent to the magnetic means, (d) generating a uniform magnetic field having a gradient where the field is stronger in the test medium closer to the wall to adhere particles to the wall, and (e) controlling the amt. of particles into the container relative to the surface area of the wall exposed to the medium, and controlling the orientation of the exposed surface to prevent entrapment of interference substances.

USE/ADVANTAGE - For enzyme-labelled **competitive immunoassay** and sandwich immunoassays. For bioanalytical testing. There is no need to remove excess reagents.

Dwg.2/5

L32 ANSWER 20 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1994:547637 BIOSIS
DOCUMENT NUMBER: PREV199598007185
TITLE: Evaluation of Two Rapid Antigen Assays, BioStar Strep A OIA and Pacific Biotech CARDS O.S., and Culture for Detection of Group A Streptococci in Throat **Swabs**.
AUTHOR(S): Dale, Jane C. [Reprint author]; Vetter, Emily A.; Contezac, Joan M.; Vverson, Linda K.; Wollan, Peter C.; Cockerill, Frank R., III
CORPORATE SOURCE: Mayo Med. Lab., 378 Hilton, Mayo Clin., 200 First St. Southwest, Rochester, MN 55905, USA
SOURCE: Journal of Clinical Microbiology, (1994) Vol. 32, No. 11, pp. 2698-2702.
CODEN: JCMIDW. ISSN: 0095-1137.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 22 Dec 1994
Last Updated on STN: 22 Dec 1994

AB Two rapid methods, BioStar Strep A OIA (OIA, BioStar, Inc., Boulder, Colo.), an optical **immunoassay**, and CARDS O.S. (O.S.; Pacific Biotech, Inc., San Diego, Calif.), a color immunochromographic assay, and two culture methods, one with 5% sheep blood agar (SBA) and one with Todd-Hewitt broth (TH; Remel, Lenexa, Kans.), were evaluated for use in the detection of Streptococcus pyogenes from pharnygeal **swabs**. Seven hundred forty-six double **swabs** (Culturette II) were processed, with OIA and SBA culture performed on one **swab** and O.S. and SBA culture performed on the other **swab**. The pledget from the Culturette II was incubated overnight in TH and was subcultured onto SBA for an additional 48 h in ambient air. All beta-hemolytic streptococci from culture were tested by a direct fluorescent-antibody test (Difco Laboratories, Detroit, Mich.). Specimens with discordant fluorescent-antibody test and rapid test results were also tested by using the Streptex **latex agglutination** reagent (Murex Diagnostics Limited, Dartford, England). The results obtained by all testing methods were compared with a combined test result ("**gold** standard"), which was defined as any positive culture detected by the SBA or TH culture methods and confirmed by Streptex **latex agglutination** or, in the case of negative results by both culture methods, a concomitant positive result by OIA and O.S. antigen testing. Sensitivity and specificity results for each of the methods were as follows, respectively: OIA, 81.0 and 97.5%; O.S., 74.4 and 99.0%; SBA culture, 92.3 and 983%; and TH culture 86.4 and 100%. Both OIA and O.S. are suitable screening methods for detecting S. pyogenes directly from throat **swabs** but are of insufficient sensitivity to eliminate the need for backup cultures for specimens with negative OIA or O.S. results.

L32 ANSWER 21 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1994:547409 BIOSIS
DOCUMENT NUMBER: PREV199598006957
TITLE: Diagnosis of Chlamydia trachomatis Infections in Men and Women by Testing First-Void Urine by Ligase Chain Reaction.
AUTHOR(S): Chernesky, Max A. [Reprint author]; Jang, Dan; Lee, Helen; Burczak, John D.; Hu, H.; Sellors, John; Tomazic-Allen, S. J.; Mahony, James B.
CORPORATE SOURCE: Med. Microbiol., St. Joseph's Hosp., 50 Charlton Ave. East, Hamilton, ON L8N 4A6, Canada

SOURCE: Journal of Clinical Microbiology, (1994) Vol. 32, No. 11, pp. 2682-2685.
CODEN: JCMIDW. ISSN: 0095-1137.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 22 Dec 1994
Last Updated on STN: 22 Dec 1994

AB From April to September 1993, 305 men and 447 women in Hamilton, Canada, consented to the collection of a urethral or cervical **swab**, respectively, for culture and 20 ml of first-void urine (FVU) for testing by the enzyme **immunoassay** Chlamydiazyme and by ligase chain reaction (LCR) in the form of a kit from Abbott Laboratories called LCx Chlamydia trachomatis. Evaluation of test performance with each specimen was calculated on the basis of an expanded "**gold** standard" of a patient found to be positive by culture or by a confirmed nonculture test. By using this expanded standard, the prevalence of infection was determined to be 6% (27/447) for the women and 18.4% (56/305) for the men. LCR testing of FVU in both studies was the most sensitive approach (96%). The performance of Chlamydiazyme was as follows: cervical **swab**, 78.3% sensitivity, female FVU, 37% sensitivity; and male FVU, 67.9% sensitivity. Culture was the least sensitive approach to diagnosis: female cervix, 55.6%; and male urethra, 37.5%. LCR testing of FVU from men or women diagnosed the greatest number of genitourinary tract infections with no false positives.

L32 ANSWER 22 OF 48 EMBASE on STN

ACCESSION NUMBER: 94097878 EMBASE
DOCUMENT NUMBER: 1994097878
TITLE: Diagnostic value of **captopril** test in hypertensive patients with renal artery stenosis.
AUTHOR: Takata M.; Yoshida K.; Tomoda F.; Oh-hashi S.; Ueno H.; Yasumoto K.; Iida H.; Sasayama S.
CORPORATE SOURCE: Second Dept. of Internal Medicine, Toyama Medical/Pharmaceutical Univ., 2630 Sugitani,Toyama 930-01, Japan
SOURCE: Angiology, (1994) Vol. 45, No. 3, pp. 181-186.
ISSN: 0003-3197 CODEN: ANGIAB
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 940418
Last Updated on STN: 940418

AB To examine the utility of the single-dose **captopril** test in detecting renovascular hypertension (RVHT), the authors measured peripheral plasma renin activity (PRA), before and thirty and sixty minutes after an oral dose of **captopril** (25 mg), in 28 patients with RVHT and 22 patients with high- renin essential hypertension (EHT) without renal artery stenosis who were consuming 8 grams of sodium chloride per day. There was considerable overlap of individual values in basal PRA between the two groups. Sixty minutes after **captopril**, PRA was higher in RVHT than in EHT patients (74.8 ± 63.9 versus 15.1 ± 11.9 ng/mL/hr, $P < 0.01$). With the cutoff point set at 16 ng/mL/hr, RVHT was detected with a sensitivity of 96% and a specificity of 77%. The

discriminating power was also superior to that based on blood pressure response to angiotensin II analogue under sodium depletion, rapid-sequence intravenous pyelography, or renography. These results show that **captopril**- stimulated peripheral PRA is an adequate screening tool for detecting RVHT in a population with high-renin hypertension.

L32 ANSWER 23 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1995:344967 HCAPLUS
DOCUMENT NUMBER: 122:153448
TITLE: Use of polymyxin B in a capture enzyme immunoassay for detection of Salmonellae spp. lipopolysaccharide
AUTHOR(S): Nielsen, K.; Tsang, R.; D'Aoust, J.-Y.; Garcia, M.; Surujballi, O.; Henning, D.; Brooks, B.; Kelly, W.
CORPORATE SOURCE: Animal Diseases Research Institute, Agriculture Canada, Nepean, ON, K2H 8P9, Can.
SOURCE: Journal of Rapid Methods and Automation in Microbiology (1994), 3(2), 115-25
CODEN: JRMMEE; ISSN: 1060-3999
PUBLISHER: Food & Nutrition Press
DOCUMENT TYPE: Journal
LANGUAGE: English
AB A capture enzyme immunoassay for detection of salmonellae sp. lipopolysaccharide was developed. The assay made use of polymyxin B sulfate, passively attached to a polystyrene matrix, to capture lipopolysaccharide. Bound lipopolysaccharide was then detected with a monoclonal antibody, specific for salmonellae spp. followed by goat anti-mouse antibody conjugated with horseradish peroxidase. The anal. sensitivity of the assay was approx. 1 ng/mL of lipopolysaccharide. The results are comparable to those obtained with a **competitive** enzyme **immunoassay** previously developed. The sensitivity of the polymyxin B assay decreased to 4-5 ng/mL when the salmonellae spp. lipopolysaccharide was mixed with 1-100 μg/mL of Escherichia coli lipopolysaccharide, while this level of heterogeneous lipopolysaccharide, did not decrease the sensitivity of the **competitive** enzyme **immunoassay**. The polymyxin B capture assay was advantageous in that polymyxin B is a standardized reagent that is relatively inexpensive and does not require extensive preparation or containment facilities. The assay is robust; however, because of the light sensitivity of polymyxin B, its **stickiness** to other reagents and interference by other lipopolysaccharides, this assay requires careful attention to detail and may therefore be an unsuitable assay for field use.

L32 ANSWER 24 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1994:484608 BIOSIS
DOCUMENT NUMBER: PREV199497497608
TITLE: Sensitivity of intrapartum group B streptococcal screening and in vitro comparison of four rapid antigen tests.
AUTHOR(S): Adriaanse, Albert H. [Reprint author]; Muytjens, Harry L.; Kollee, Louis A. A.; Nijhuis, Jan G.; Eskes, Tom K. A. B.
CORPORATE SOURCE: Dep. Obstetr. Gynecol., Univ. Hosp. Nijmegen, St. Radboud, P.O. Box 9101, 6500 HB Nijmegen, Netherlands
SOURCE: European Journal of Obstetrics and Gynecology and Reproductive Biology, (1994) Vol. 56, No. 1, pp. 21-26.
CODEN: EOGRAL. ISSN: 0301-2115.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Nov 1994
Last Updated on STN: 9 Nov 1994
AB Objectives: To evaluate the sensitivity of intrapartum screening for group

B streptococcal (GBS) colonization and to compare 4 rapid GBS antigen tests in vitro. Design. Two **swabs** of the lower vagina of 769 parturients were taken; one **swab** was cultured, the other was frozen at -70 degree C until antigen testing with the Group B Strep Test (Quidel) of the culture positive samples was performed. The Quidel test was then compared with 3 other rapid GBS antigen tests in vitro: Wellcogen Strep B (Wellcome Diagnostics), Slidex meningite Strepto B (bioMerieux) and ICON Strep B (Hybritech). The supernatant of 29 GBS cultures in Todd-Hewitt broth was tested in bacterial concentrations of 10-6, 10-7 and 10-8 Colony-Forming Units (CFU)/ml, respectively. Results: Lower vagina GBS carrier rate was 13.4% (103/769) and heavy colonization (growth density 3 and 4 on blood agar plates) was found in 5.2% (40/769). The Group B Strep Test detected 11% (11/103) of GBS carriers, with a sensitivity for heavy colonization of 25% (10/40). In vitro none of the tests scored positively with a concentration of 10-6 CFU/ml, while with 10-7 CFU/ml the enzyme **immunoassay** tests (Quidel, Hybritech) were more sensitive (McNemar test, P lt 0.05) than the **latex agglutination** tests (Wellcome Diagnostics, bioMerieux). Conclusions: Although in vitro the enzyme **immunoassay** tests are more sensitive than the **latex agglutination** tests, sensitivity in vivo is too low to recommend the use of rapid antigen tests for general screening.

L32 ANSWER 25 OF 48 EMBASE on STN

ACCESSION NUMBER: 93136444 EMBASE
DOCUMENT NUMBER: 1993136444
TITLE: Viral hepatitis C.
AUTHOR: Sherlock P.D.S.
CORPORATE SOURCE: The Royal Free Hospital, Pond Street,London NW3 2QG, United Kingdom
SOURCE: Current Opinion in Gastroenterology, (1993) Vol. 9, No. 3, pp. 341-348.
ISSN: 0267-1379 CODEN: COGAEK
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 004 Microbiology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 930606
Last Updated on STN: 930606

AB The original hepatitis C virus antibody test against the C100 antigen has been replaced by a second-generation recombinant immunoblot assay that detects antibodies against four viral antigens, one of which, against the nucleocapsid of the virus, is useful for earlier diagnosis of the acute stage. Polymerase chain reaction analysis of serum hepatitis C virus RNA remains the standard for diagnosing and following the course of the disease. It may be useful in identifying anti-hepatitis C virus patients who have underlying liver disease. Mutations in the viral envelope lead to different clinical types whose significance is still uncertain. The mode of infection in hepatitis C virus-positive patients who are neither **drug** abusers nor have a history of blood transfusion remains uncertain. Body secretions do not seem to contain the virus. Needle-**sticks** from a patient testing positive for hepatitis C virus RNA carry a 10% risk of transmitting the disease. Hepatitis C virus is being increasingly recognized as a cause of what was previously termed cryptogenic chronic liver disease. Hepatic histology shows a

characteristic but not diagnostic picture, with lymphoid follicles prominent. An association of hepatitis C virus with essential mixed cryoglobulinemia has been found. Antibodies to type 1 liver and kidney microsomes are characteristic of type 11 autoimmune hepatitis and may be found in some patients testing positive for hepatitis C virus RNA, owing to cross-recognition of viral and type 11 autoimmune hepatitis antigens. There is a strong association between hepatitis C virus and hepatocellular carcinoma. Selection of patients and the regimes for antiviral treatment remain uncertain. The overall complete response rate without relapse is 25%. Hepatic transplantation is followed by reinfection of the graft with hepatitis C virus; the consequences are variable.

L32 ANSWER 26 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1993:587169 BIOSIS
DOCUMENT NUMBER: PREV199497006539
TITLE: Serological tests in the diagnosis of group A streptococcal infections.
AUTHOR(S): Christofidou, M.; Arvaniti, A.; Dimitracopoulos, G.
CORPORATE SOURCE: Dep. Microbiol., Sch. Med., Univ. Patras, Patras, Greece
SOURCE: Deltion Ellinikis Mikrobiologikis Etaireias, (1993) Vol. 38, No. 3, pp. 227-235.
CODEN: DHMHDW. ISSN: 0438-9573.
DOCUMENT TYPE: Article
LANGUAGE: Greek
ENTRY DATE: Entered STN: 28 Dec 1993
Last Updated on STN: 28 Dec 1993

AB Group A streptococcus is one of the most common and ubiquitous of human pathogens. It causes a wide array of infections, the most frequent of which is acute pharyngitis. Throat culture is the most accurate method used in the diagnosis of streptococcal pharyngitis. Rapid tests also, such as **latex agglutination** or enzyme **immunoassay**, have been developed. These tests allow the direct detection of group A antigen from throat **swabs** and are useful in the diagnosis of streptococcal pharyngitis. Serological tests are also useful in the diagnosis of streptococcal infections and poststreptococcal sequelae (acute rheumatic fever and acute glomerulonephritis). The present study was undertaken to determine the presence of antibodies to extracellular products of group A streptococcus, such as streptolysin, DNase and hyaluronidase, in selected groups of subjects. Serum was collected from 277 patients. Our results suggest that the number of positive results increases by the use of at least two serological tests, antistreptolysin and antiDNase, especially in adults with streptococcal signs and symptoms.

L32 ANSWER 27 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1992:628284 HCAPLUS
DOCUMENT NUMBER: 117:228284
TITLE: Saliva testing and fingerprint identification method and device
INVENTOR(S): Guirguis, Raouf A.
PATENT ASSIGNEE(S): La Mina Ltd., USA
SOURCE: PCT Int. Appl., 29 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 6
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

WO 9216842	A1	19921001	WO 1992-US1793	19920312
W: AU, JP				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LU, MC, NL, SE				
AU 9215890	A1	19921021	AU 1992-15890	19920312
EP 637383	A1	19950208	EP 1992-908425	19920312
R: AT, BE, DE, FR, GB, IT, SE				
PRIORITY APPLN. INFO.:			US 1991-688115 A	19910312
			US 1991-668115 A	19910312
			WO 1992-US1793 A	19920312

AB A method and device are disclosed for testing for substances (alc., cocaine, etc.) in the saliva of a test subject while simultaneously pos. identifying the test subject. The method comprises (1) obtaining a saliva sample on a **swab**, (2) adding labeled antibodies to the **swab**, (3) covering the finger of the test subject with the mixture of saliva and labeled antibodies, and (4) pressing the finger onto the membrane of the test device. The device comprises a membrane containing a plurality of separated areas provided with different immobilized antibodies, each of the antibodies having a specific binding site for specific antigens corresponding to the substances to indicate the presence of those substances in the saliva sample. The device further comprises a base area without immobilized antibodies to record the fingerprint of the test subject. Schematics of the device are included.

L32 ANSWER 28 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1993:96108 HCAPLUS
DOCUMENT NUMBER: 118:96108
TITLE: Saliva testing and fingerprint identification method and device
INVENTOR(S): Guirguis, Raouf A.
PATENT ASSIGNEE(S): La Mina Ltd., USA
SOURCE: Can. Pat. Appl., 39 pp.
CODEN: CPXXEB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 6
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CA 2062900	AA	19920913	CA 1992-2062900	19920312
PRIORITY APPLN. INFO.:			US 1991-668115 A	19910312

AB A saliva antigen collection device is disclosed for testing and identification of e.g. cocaine, methamphetamine, alc., opiates, etc. The device is in the form of a support member with an absorbent section having a permeable membrane test pad mounted thereon which is coded with specific antibodies. A fingerprint pattern is simultaneously obtained by pressing the finger of the test subject against the saliva-coated pad to pos. identify the donor of the sample. Schematics showing the device and its use are included.

L32 ANSWER 29 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 92339238 EMBASE
DOCUMENT NUMBER: 1992339238
TITLE: Direct, simplified, and sensitive assay of angiotensin II in plasma extracts performed with a high-affinity monoclonal antibody.
AUTHOR: Simon D.; Romestand B.; Huang H.; Badouaille G.; Fehrentz J.-A.; Pau B.; Marchand J.; Corvol P.

CORPORATE SOURCE: Sanofi Recherche, 371 rue du Pr. J. Blayac,34184 Montpellier Cedex 04, France
SOURCE: Clinical Chemistry, (1992) Vol. 38, No. 10, pp. 1963-1967. ISSN: 0009-9147 CODEN: CLCHAU
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
026 Immunology, Serology and Transplantation
029 Clinical Biochemistry
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 921213
Last Updated on STN: 921213

AB A very simple, fast, and sensitive RIA of angiotensin (Ang) II has been developed, based on a monoclonal antibody with high affinity and specificity, making possible the direct measurement of circulating Ang II in human plasma after solid-phase extraction. The purified monoclonal antibody 4D8 has an association constant of 1.3 x 1011 L/mol with Ang II and a cross-reactivity of <1% for Ang I. The assay can detect as little as 0.8 fmol of Ang II in 2 mL of plasma and is not influenced by the presence of Ang I. Analytical recoveries between 112% and 116% were obtained for Ang II added to human plasma at physiological concentrations. Comparison of the RIA with a reversed-phase, high-performance liquid chromatographic method followed by RIA to measure Ang II in human plasma samples from normal and hypertensive subjects-and from normotensive subjects before and after an acute inhibition of angiotensin-converting enzyme with **captopril** (50 mg)-showed a high degree of correlation (r2 = 0.93) between the two methods.

L32 ANSWER 30 OF 48 EMBASE on STN
ACCESSION NUMBER: 93031769 EMBASE
DOCUMENT NUMBER: 1993031769
TITLE: A comparison of the zinc contents and substrate specificities of the endothelial and testicular forms of porcine angiotensin converting enzyme and the preparation of isoenzyme-specific antisera.
AUTHOR: Williams T.A.; Barnes K.; Kenny A.J.; Turner A.J.; Hooper N.M.
CORPORATE SOURCE: Dept. Biochemistry and Mol Biology, University of Leeds,Leeds LS2 9JT, United Kingdom
SOURCE: Biochemical Journal, (1992) Vol. 288, No. 3, pp. 875-881. ISSN: 0264-6021 CODEN: BIJOAK
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 029 Clinical Biochemistry
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 930221
Last Updated on STN: 930221

AB Angiotensin converting enzyme (ACE; EC 3.4.15.1) was purified from porcine kidney and lung (endothelial isoenzyme) and testis (testicular isoenzyme) by affinity chromatography on **lisinopril**-2.8 nm-Sepharose. Atomic-absorption spectroscopy revealed that ACE purified from kidney and lung contained 2.58 and 2.35 atoms of zinc per molecule of enzyme (M(r) 147000) respectively. In contrast, ACE purified from testis contained only 1.58 atoms of zinc per molecule of enzyme (M(r) 80000). Thus it would appear that both putative zinc-binding sites in endothelial ACE contain zinc and may therefore be catalytically active. No differences

were observed in the pattern of products generated on hydrolysis of benzoyl (Bz)-Gly-His-Leu, substance P, luteinizing-hormone-releasing hormone (LH-RH) and its analogue, des-Gly10-LH-RH-ethylamide, by kidney and testicular ACE. There was also no difference in the initial rates of hydrolysis of Bz-Gly-His-Leu or substance P by the two isoenzymes, although LH-RH and its analogue were hydrolysed twice as rapidly by kidney ACE. It is therefore unlikely that the N-terminal catalytic site in porcine endothelial ACE is predominantly responsible for the atypical cleavage of LH-RH generating the N-terminal tripeptide. Two polyclonal antisera were raised to the affinity-purified forms of pig kidney and testicular ACE. Isoenzyme-specific antisera were then isolated from these by absorbing out those antibodies recognizing determinants on the other isoenzyme. Immunoelectrophoretic blot analyses and immunofluorescent staining of sections of pig kidney were used to demonstrate the specificity of the antisera. Immunofluorescent staining of sections of pig testis with the antiserum specific to testicular ACE localized testicular ACE solely to the lumen of the seminiferous tubules, whereas the antiserum specific to endothelial ACE revealed the presence of this isoenzyme only in blood vessels. The antiserum to endothelial ACE, which recognizes determinants in the unique N-terminal domain, was investigated as a possible specific inhibitor of the N-terminal catalytic site. Although this antiserum failed to inhibit testicular ACE, the effect on the activity of endothelial ACE appeared to be due to inhibition of both the N- and C-terminal catalytic sites.

L32 ANSWER 31 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 1993:234132 BIOSIS
DOCUMENT NUMBER: PREV199395125307
TITLE: Effects of broadening the **gold** standard on the performance of a chemiluminometric **immunoassay** to detect Chlamydia trachomatis antigens in centrifuged first void urine and urethral **swab** samples from men.
AUTHOR(S): Jang, Dan; Sellors, John W.; Mahony, James B.; Pickard, Laura; Chernesky, Max A. [Reprint author]
CORPORATE SOURCE: Regional Virol. and Chlamydiology Lab., St. Joseph's Hosp., 50 Charlton Ave. East, Hamilton, Ontario, Canada L8N 4A6, canada
SOURCE: Sexually Transmitted Diseases, (1992) Vol. 19, No. 6, pp. 315-319.
ISSN: 0148-5717.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 7 May 1993
Last Updated on STN: 8 May 1993

AB Traditionally, evaluations of nonculture assays for Chlamydia trachomatis are based on a comparison with urethral culture in men and cervical culture in women as the standard for positivity of infection, but it is known that culture may be less than 100% sensitive. A chemiluminometric **immunoassay**, Magic Lite (Ciba Corning, Medfield, MA) that detects C. trachomatis antigens was performed on centrifuged first void urine samples and urethral **swabs** collected from men attending a sexually transmitted disease (STD) clinic. **Immunoassay** performance was compared to urethral culture and also to a broader **gold** standard: an infected patient with positive culture results or a confirmed positive Chlamydiazyme enzyme **immunoassay** (Abbott, Chicago) result. Two studies were performed on a retrospective group of stored first void urine sample from 200 men and a prospective group of urethral **swabs** and first void urine samples from 199 men. Expanding the **gold** standard showed that a urethral

swab assayed by culture had a sensitivity between 70.3% and 87.5%, with the following effects on **immunoassay** performance in the prospective study: the sensitivity of urethral **swabbing** was reduced from 96.2% to 78.4% (specificity increased from 96.0% to 98.1%) and first void urine sensitivity increased from 92.3% to 94.6% (specificity went from 87.9% to 93.8%). In the retrospective study, sensitivity of first void urine testing went from 91.4% to 92.5%, with a corresponding increase in specificity from 93.9% to 96.9%. This maneuver had relatively little impact on the negative predictive values, but dramatically increased the positive predictive values, for both samples. Expansion of the **gold** standard provides a clearer understanding of the performance characteristics of each assay and the contribution to diagnosis of each specimen type.

L32 ANSWER 32 OF 48 MEDLINE on STN DUPLICATE 4
ACCESSION NUMBER: 92395316 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1522341
TITLE: The laboratory diagnosis of male Chlamydia trachomatis infections--a time for change?.
AUTHOR: Crowley T; Milne D; Arumainayagam J T; Paul I D; Caul E O
CORPORATE SOURCE: Department of Genito-Urinary Medicine, Bristol Royal Infirmary, UK.
SOURCE: Journal of infection, (1992 Jul) 25 Suppl 1 69-75. Journal code: 7908424. ISSN: 0163-4453.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199210
ENTRY DATE: Entered STN: 19921023
Last Updated on STN: 19921023
Entered Medline: 19921015

AB We carried out a two-phased study comparing the effectiveness of first-catch early morning urine (FCU) samples against urethral **swabs** for the detection of C. trachomatis in men. Four hundred and seventeen new and re-booked consecutive men, who attended the Department of Genito-Urinary **Medicine**, Bristol, having held their urine overnight, were recruited. Patients who had received antimicrobial chemotherapy in the preceding 2 months were excluded. Early morning FCU samples were obtained from 208 men followed by urethral **swabs** for the detection of C. trachomatis (phase I) and this order of collection was reversed for the remaining 209 patients (phase 2). A last-catch urine (LCU) was also obtained from all patients. All urethral and urine samples were examined by an amplified enzyme **immunoassay** (IDEIA, Dako Diagnostics Ltd). Initially, discordant samples were critically examined by direct immunofluorescence (Syva, 'Microtrak') which was used as the **'gold'** standard in this study. We have shown that overall 42 and 4.7% of our symptomatic and asymptomatic male patients respectively were positive for C. trachomatis antigen by IDEIA. Furthermore 86.4 and 91.0% (phases 1 and 2) of the total C. trachomatis positive samples were detected by examination of an FCU sample. In contrast only 66.0 and 65.5% (phases 1 and 2) of the total positives were identified by examination of an urethral **swab**. These results show that an FCU sample not only has the advantage of being a non-invasive procedure but is also a very sensitive method, compared to **swabbing** the urethra for the detection of C. trachomatis.(ABSTRACT TRUNCATED AT 250 WORDS)

L32 ANSWER 33 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 1992:6246 BIOSIS
DOCUMENT NUMBER: PREV199293006246; BA93:6246
TITLE: EVALUATION OF DIFFERENT COMMERCIAL KITS FOR HIV-HTLV-III EIA.
AUTHOR(S): RAI A [Reprint author]; KUMARI S; PRABHAKARAN P K
CORPORATE SOURCE: AIDS REFERENCE LAB, MICROBIOL DIV, NATIONAL INST COMMUNICABLE DISEASES, 22 SHAM NATH MARG, DELHI-110054
SOURCE: Journal of Communicable Diseases, (1991) Vol. 23, No. 2, pp. 149-153.
CODEN: JCDSBF. ISSN: 0019-5138.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

AB Choice of an ideal, cost-effective and rapid diagnostic test for HIV infection is of immense value in developing countries like India where resources are limited. A number of commercial HIV antibody testing kits are now available with varying sensitivities and specificities. Six different commercial HIV kits namely, Wellcozyme, Flow HIV-TEKG, Abbott HIV EIA, Abbott VIA, Dip-**stick** EIA and Abbott env/core recombinant EIA were evaluated. Du-Pont Western blot (W.B.) kit was used as **gold** standard to compare the results. Of the 376 sera from various high-risk individuals screened, Wellcozyme kit yielded 100 per cent concordant results with W.B. Abbott Via and Abbott env/core also yielded results in confirmation with W.B., excepting the fact that both detected one extra sample positive, which was negative in W.B. Abbott EIA yielded 4 false positive results. Dip-**stick** kit yielded the maximum number of false positives. The study indicated that 3 kits, namely Wellcozyme, Abbott VIA and Abbott EIA could be used to achieve optimum and acceptable results.

L32 ANSWER 34 OF 48 MEDLINE on STN
ACCESSION NUMBER: 91134458 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1994459
TITLE: Foodborne toxins of marine origin: ciguatera.
AUTHOR: Juranovic L R; Park D L
CORPORATE SOURCE: Department of Nutrition and Food Science, University of Arizona, Tucson 85721.
SOURCE: Reviews of environmental contamination and toxicology, (1991) 117 51-94. Ref: 236
Journal code: 8703602. ISSN: 0179-5953.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199103
ENTRY DATE: Entered STN: 19910405
Last Updated on STN: 19910405
Entered Medline: 19910318

AB Ciguatera poisoning has long been recognized as a serious problem in the tropical and subtropical regions of the world. Due to international and interstate commerce and tourist travel the phenomenon is spreading to other parts of the globe. Various species of fish (surgeonfish, snapper, grouper, barracuda, jack, amberjack among others) have been implicated in this type of poisoning. These fish accumulate toxins in their flesh and viscera through the consumption of smaller fish that have been previously contaminated by feeding on toxic dinoflagellates. The most probable source of ciguatera is thought to be the benthic microorganism,

Gambierdiscus toxicus, which produces both CTX and MTX, but other species of dinoflagellates such as Prorocentrum lima may also contribute with secondary toxins associated with the disease. Potentially ciguatoxic dinoflagellates have been isolated, cultured under laboratory conditions and dinoflagellate growth requirements as well as some factors affecting toxin production have been determined. Also, data from their ecological environment have been accumulated in an attempt to reveal a relationship with the epidemiology of ciguatera outbreaks. Several bioassays have been employed to determine the ciguatoxicity of fish. Cats have been used due to their sensitivity, but regurgitation has made dosage information difficult to obtain. Mongooses have also been used but they often carry parasitic and other type of diseases which complicate the bioassay. Mice have been used more commonly; they offer a more reliable model, can be easily housed, readily are dosed in several ways, and manifest diverse symptoms similar to human intoxications; but the amount of toxic extract needed, time consumed, complicated extraction techniques, and instrumentation involved limit the use of this assay commercially. Other bioassays have been explored including the brine shrimp, chicken, mosquito, crayfish nerve cord, guinea pig ileum, guinea pig atrium, and other histological preparations. All require elaborate time-consuming procedures, are not reproducible, lack specificity, and are semiquantitative at best. The techniques that appear to represent the major advance in identifying and detecting ciguatoxic fish are immunochemical methods: radioimmunoassay (RIA), **competitive** enzyme **immunoassay** (EIA), and enzyme-linked immunosorbent assay (ELISA). Of these, the enzyme immunoassay **stick** test is the simplest, fastest, most specific, more sensitive, and does not require complicated instrumentation.(ABSTRACT TRUNCATED AT 400 WORDS)

L32 ANSWER 35 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1990:627534 HCAPLUS
DOCUMENT NUMBER: 113:227534
TITLE: Aqueous suspension containing nonpolymer nuclei surrounded by a hydrophilic copolymer shell, its preparation, and application for diagnostic test
INVENTOR(S): Brouwer, Wilfridus Maria
PATENT ASSIGNEE(S): AKZO N. V., Neth.
SOURCE: Eur. Pat. Appl., 14 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 369515	A1	19900523	EP 1989-202773	19891103
EP 369515	B1	19951011		
R: AT, BE, CH, DE, ES, FR, GB, GR, IT, LI, NL, SE				
AT 129075	E	19951015	AT 1989-202773	19891103
ES 2080740	T3	19960216	ES 1989-202773	19891103
ZA 8908482	A	19900725	ZA 1989-8482	19891107
CA 2002672	AA	19900514	CA 1989-2002672	19891109
FI 98863	B	19970515	FI 1989-5366	19891110
FI 98863	C	19970825		
DK 8905673	A	19900515	DK 1989-5673	19891113
AU 8944622	A1	19900517	AU 1989-44622	19891113
AU 637333	B2	19930527		
JP 02183165	A2	19900717	JP 1989-296020	19891114
US 5583056	A	19961210	US 1995-439624	19950512

US 5635405	A	19970603	US 1995-487914	19950607
PRIORITY APPLN. INFO.:			NL 1988-2783	A 19881114
			US 1989-434965	B1 19891113
			US 1991-731373	B1 19910716
			US 1992-865773	B3 19920406

AB The title suspension contains nonpolymer nuclei (comprising e.g. metal, metal compound, inorg. compound, organic dyestuff, organic pigment, or emulsion droplets of oils) surrounded by a hydrophilic copolymer shell that contains functional groups. The suspension is prepared by using a stable, colloidal dispersion of nonpolymer particles as starting material and adding a monomer mixture which is so chosen that the resultant copolymer has a charge of identical sign to that of the original dispersion. The monomer mixture contains: (1) an ethylenically unsatd. monomer which, without hydrolysis or after hydrolysis, contains ≥1 covalently bonding functional group (e.g. glycidyl methacrylate); (2) a hydrophobic monomer (e.g. Na vinylsulfonate); and (3) a linking monomer (e.g. N,N-methylenebisacrylamide). For the detection of a specifically binding substance (or immunochem. active component) in a test fluid, the above copolymer is a reactant that the binding substance has a binding affinity for. Thus, Palanil light red dye sol particles were coated with a copolymer prepared from monomers glycidyl methacrylate, Na vinylsulfonate, and N-methylenebisacrylamide; the coated particles were treated with NaIO4 to introduce aldehyde groups; and the treated particles were mixed with anti-human chorionic gonadotropin (hCG) antibody solution to obtain an anti-hCG antibody-dye sol conjugate. In a sandwich **immunoassay** for hCG, after incubating an anti-hCG antibody-coated dipstick in a mixture of hCG-containing urine and the conjugate at room temperature, the **stick** was rinsed with H2O and color was measured. The hCG in urine samples at 200-10,000 I.U./L was detected by the polymer-coated dye sols.

L32 ANSWER 36 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN

ACCESSION NUMBER:	1990:233919 HCAPLUS
DOCUMENT NUMBER:	112:233919
TITLE:	Substance-conjugated complement C 1q for use in **immunoassays** or therapy
INVENTOR(S):	Taguchi, Fumiaki; Mitsui, Isamu; Hara, Kinichi; Hayashi, Masaro; Ezawa, Kunio; Fukunaga, Kenichi; Kuranari, Jun; Sonoda, Masatoshi; Satou, Yasou
PATENT ASSIGNEE(S):	Calpis Food Industry Co., Ltd., Japan
SOURCE:	U.S., 16 pp. Cont.-in-part of U.S. Ser. No. 779,671, abandoned. CODEN: USXXAM
DOCUMENT TYPE:	Patent
LANGUAGE:	English
FAMILY ACC. NUM. COUNT:	3
PATENT INFORMATION:	

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 4882423	A	19891121	US 1987-32025	19870330
JP 61084560	A2	19860430	JP 1984-205686	19841002
JP 61102558	A2	19860521	JP 1984-223049	19841025
JP 61263928	A2	19861121	JP 1985-103898	19850517
JP 62024148	A2	19870202	JP 1985-162012	19850724
JP 62027663	A2	19870205	JP 1985-166004	19850729
CA 1268418	A1	19900501	CA 1985-491981	19851001
CA 1276103	A1	19901113	CA 1985-491980	19851001
JP 62228948	A2	19871007	JP 1986-70936	19860331
JP 62228949	A2	19871007	JP 1986-70937	19860331
JP 62228950	A2	19871007	JP 1986-70938	19860331

US 5035995	A	19910730	US 1989-355196	19890522
PRIORITY APPLN. INFO.:			JP 1984-205686	A 19841002
			JP 1984-223049	A 19841025
			JP 1985-103898	A 19850517
			JP 1985-162012	A 19850724
			JP 1985-166004	A 19850729
			US 1985-779671	A2 19850924
			JP 1986-70936	A 19860331
			JP 1986-70937	A 19860331
			JP 1986-70938	A 19860331
			US 1987-32025	A3 19870330

AB A substance-conjugated complement C 1q is provided. A substance such as a signal-emitting substance or a cell-function-regulating substance is conjugated via S to ≥1 site of the complement. The site is not involved in binding Igs. A marker-labeled complement C 1q is used for measuring a complement-binding antibody, an antigen, a neutralizing antibody or a substance produced internally of and at the surface of a cell or a microorganism by measuring the marker or for therapy. Anti-sheep red blood cell (SRBC) IgG was reacted with 4-(maleimidomethyl)cyclohexane-1-carboxylic acid N-hydroxysuccinimide ester and then coupled with reduced complement C 1q. The antibody-complement C 1q conjugate was used along with SRBC and anti-blood serum antigen antibody in an agglutination assay to determine blood serum antigen.

L32 ANSWER 37 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1989:456149 HCAPLUS
DOCUMENT NUMBER: 111:56149
TITLE: Rapid **stick** test for detection of ciguatoxin and other polyether toxins from fish tissues
INVENTOR(S): Hokama, Yoshitsugi
PATENT ASSIGNEE(S): University of Hawaii, USA
SOURCE: U.S., 5 pp. Cont. of U.S. Ser. No. 656,934, abandoned. CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 4816392	A	19890328	US 1987-56130	19870601
PRIORITY APPLN. INFO.:			US 1984-656934	A1 19841002

AB The method for detection of ciguatoxin (I) and other polyether toxins (II) comprises the steps of: (a) inserting a coated portion of a bamboo **stick** coated with an absorbent into a tissue; (b) withdrawing the **stick**; (c) air drying the **stick**; (d) immersing the **stick** into a fixative fluid (e.g., MeOH); (e) removing excessive fixative fluid, immersing in a buffer, and removing excess buffer; (f) reacting with anti-I horseradish peroxidase conjugate; (g) removing unbound conjugate and excess buffer; (h) reacting with 4-chloro-1-naphthol for .apprx.10 mins; (i) removing the **stick** from the substrate solution; and (k) observing color change of substrate to determine the presence of I or II.

L32 ANSWER 38 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1990:116036 BIOSIS
DOCUMENT NUMBER: PREV199089065527; BA89:65527
TITLE: SULFAMETHAZINE RESIDUES IN SWINE COMPARISON OF ON-FARM

MONITORING METHODS.
AUTHOR(S): BANE D P [Reprint author]; KNIFFEN T S; HALL W F
CORPORATE SOURCE: DEP VET CLIN MED, COLL VET MED, UNIV ILL, URBANA, ILL 61801, USA
SOURCE: Preventive Veterinary Medicine, (1989) Vol. 7, No. 4, pp. 303-310.
ISSN: 0167-5877.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 21 Feb 1990
Last Updated on STN: 22 Feb 1990

AB Three sulfamethazine-residue detection methods were used to evaluate samples collected from five swine farms over a 12-month period. All cooperating farms included sulfamethazine in swine diets at various stages of production, for growth promotion or disease control, and followed recommended **drug** withdrawal periods. Swine finishing ration, swine urine, and swine serum from market-weight animals were tested monthly for the presence of sulfamethazine. Thin-layer chromatograph (TLC) analysis of swine urine was the **gold** standard by which three other test method-sample combinations were compared. Samples were analyzed for sulfamethazine using TLC (feed), **competitive** enzyme **immunoassay** (serum), and agar-diffusion **swab** test (urine). The relative sensitivities and specificities of sulfamethazine-residue detection for the three combinations were: (1) TLC analysis (27%, 94%); (2) **competitive** enzyme **immunoassay** analysis (58%, 59%); (3) agar-diffusion **swab** test (78%, 12%). None of the three methods tested was individually adequate for on-farm monitoring of sulfonamide residues. Sulfamethazine residues in swime urine were found in 43.3% of the monthly farm visits and in 19.7% of all swine tested.

L32 ANSWER 39 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1989:269758 BIOSIS
DOCUMENT NUMBER: PREV198988005840; BA88:5840
TITLE: DEVELOPMENT OF PROTEIN A **GOLD** IMMUNOELECTRON MICROSCOPY FOR DETECTION OF BOVINE CORONAVIRUS IN CALVES COMPARISON WITH ELISA AND DIRECT IMMUNOFLUORESCENCE OF NASAL EPITHELIAL CELLS.
AUTHOR(S): HECKERT R A [Reprint author]; SAIF L J; MYERS G W
CORPORATE SOURCE: FOOD ANIMAL HEALTH RES PROGRAM, OHIO AGRIC RES DEV CENTER, OHIO STATE UNIV, WOOSTER, OH 44691, USA
SOURCE: Veterinary Microbiology, (1989) Vol. 19, No. 3, pp. 217-232.
CODEN: VMICDQ. ISSN: 0378-1135.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH
ENTRY DATE: Entered STN: 6 Jun 1989
Last Updated on STN: 6 Jun 1989

AB A protein A-colloidal **gold** immunoelectron microscopy (PAG-IEM) technique was developed for the detection of bovine coronavirus (BCV) in the feces and nasal secretions of infected calves. Feces or nasal **swab** fluids were incubated sequentially with hyperimmune bovine anti-bovine cornavirus serum and protein A-**gold**, negatively stained, applied to formvar-coated copper grids and viewed using an electron microscope. The PAG-IEM method specifically identifie BCV particles and possible subviral particles in feces and nasal-**swab** fluids from infected calves. The PAGE-IEM method did not label other

enveloped enteric viruses or morphologically similar fringed particles commonly found in feces. Detection of BCV using PAG-IEM was compared with ELISA and direct immunofluorescence (IF) of nasal epithelial cells by monitoring fecal and respiratory tract shedding of BCV from two experimentally infected and two naturally infected calves from birth to 3 weeks of age. PAG-IEM and ELISA detected shedding of BCV in fecal (4/4 animals) and nasal (3/4 animals) samples for an average of 5.25 days each. The observed agreement of BCV detection by PAGE-IEM and ELISA was 85%. PAG-IEM may be a more sensitive **immunoassay** for the detection of BCV in diagnostic specimens from infected neonatal calves than ELISA. BCV infection of nasal epithelial cells was detected by immunofluorescence in 4/4 calves, persisted for the duration of the study in 2/4 calves and was sporadic in the other two animals. The observed agreement of BCV detection by PAG-IEM and IF was 57%.

L32 ANSWER 40 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 89035949 EMBASE
DOCUMENT NUMBER: 1989035949
TITLE: Group A streptococcal rapid test. Antigen detection after 18-24 hours of penicillin therapy.
AUTHOR: Beach P.S.; Balfour L.C.; Lucia H.L.
CORPORATE SOURCE: Department of Pediatrics, Child Health Center, University of Texas Medical Branch, Galveston, TX 77550-2776, United States
SOURCE: Clinical Pediatrics, (1989) Vol. 28, No. 1, pp. 6-10. ISSN: 0009-9228 CODEN: CPEDAM
COUNTRY: United States
DOCUMENT TYPE: Journal
FILE SEGMENT: 004 Microbiology
007 Pediatrics and Pediatric Surgery
011 Otorhinolaryngology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 911212
Last Updated on STN: 911212

AB We studied 29 children, aged 19 months to 16 years, prior to and after 18-24 hours of oral penicillin therapy to confirm the rapid disappearance of detectable pharyngeal antigen and to determine whether the antigen detectable by commercially available kits was excreted into the urine. Patients were recruited based on the presence of pharyngitis, no antibiotic therapy in the preceding 2 weeks, and a positive **latex agglutination** (LA) for group A beta hemolytic streptococci (GABHS) antigen on pharyngeal **swab**. Diagnosis was confirmed by positive GABHS culture on blood agar plates. Twenty-five of these children were also tested for GABHS antigen by enzyme-linked **immunoassay** (EIA). After 18-24 hours of oral antibiotic therapy, only 10 patients had a positive test for GABHS on throat **swab**. Five of 29 subjects (17%) remained positive by blood agar plate (BAP) culture, eight of 29 (29%) by LA, and four 23 (17%) by EIA. GABHS antigen was undetectable by LA or EIA in the urines of any of these patients, either prior to or after initiation of treatment, even in specimens concentrated as high as 100 fold. Clinicians should routinely seek a history of prior antibiotic therapy in assessing pharyngitis. Neither of the kits tested are reasonably accurate for GABHS disease by detection of antigen in the pharynx after partial treatment or in the urine at any time.

L32 ANSWER 41 OF 48 MEDLINE on STN DUPLICATE 5
ACCESSION NUMBER: 88187092 MEDLINE

DOCUMENT NUMBER: PubMed ID: 3281979
TITLE: Comparison of six serological assays for human immunodeficiency virus antibody detection in developing countries.
AUTHOR: Van de Perre P; Nzaramba D; Allen S; Riggin C H; Sprecher-Goldberger S; Butzler J P
CORPORATE SOURCE: AIDS Project, Belgian Rwandese Medical Cooperation, Kigali, Rwanda.
SOURCE: Journal of clinical microbiology, (1988 Mar) 26 (3) 552-6. Journal code: 7505564. ISSN: 0095-1137. Report No.: PIP-049379; POP-00182485.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Population; AIDS
ENTRY MONTH: 198805
ENTRY DATE: Entered STN: 19900308
Last Updated on STN: 20021101
Entered Medline: 19880524

AB Three commercially available assays for the detection of human immunodeficiency virus (HIV) antibodies-Vironostika enzyme **immunoassay** (EIA), Wellcozyme **competitive** EIA, and JLC Allaman indirect immunofluorescence assay--were tested on 300 serum samples from African subjects with and without HIV-related conditions. Two experimental assays both rapid and simple to perform (Biotech dip **stick** and Cambridge Bioscience **latex agglutination**) were also evaluated on the same serum samples. The results were compared with those of a commercial Western blot (WB) (immunoblot) assay from Biotech, used as the reference technique. All assays were tested in the laboratory of the AIDS Project in Kigali, Rwanda. Calculated specificity ranged from 90.8% (dip **stick**) to 98.6% (Vironostika EIA, Wellcozyme **competitive** EIA, and Cambridge Bioscience **latex agglutination**). Sensitivity ranged from 95.2% (Cambridge Bioscience **latex agglutination**) to 98.0% (Vironstika EIA) and JLC indirect immunofluorescence assay). However, the sensitivity of the **latex agglutination** test improved to 98.6% after the prozone effect was controlled for by serial twofold dilution of **latex agglutination**-negative, WB-positive samples. In situations with a high prevalence of HIV infection, any one of these tests can be regarded as an alternative to the more expensive, time-consuming, and difficult WB assay.

L32 ANSWER 42 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 1989:269750 BIOSIS
DOCUMENT NUMBER: PREV198988005832; BA88:5832
TITLE: COMPARISON OF VISUWELL ENZYME **IMMUNOASSAY** TO CULTURE FOR DETECTION OF GROUP A STREPTOCOCCUS IN THROAT **SWAB** SPECIMENS.
AUTHOR(S): DRULAK M [Reprint author]; RAYBOULD T J G; YONG J; HSIUNG D; SMITH H; WINSTON S
CORPORATE SOURCE: ADI DIAGNOSTICS INC, 6850 GOREWAY DRIVE, MISSISSAUGA, ONTARIO, CANADA L4V 1P1
SOURCE: Diagnostic Microbiology and Infectious Disease, (1988) Vol. 11, No. 4, pp. 181-188. CODEN: DMIDDZ. ISSN: 0732-8893.
DOCUMENT TYPE: Article
FILE SEGMENT: BA
LANGUAGE: ENGLISH

ENTRY DATE: Entered STN: 6 Jun 1989
Last Updated on STN: 6 Jun 1989

AB A microwell enzyme **immunoassay** (Visuwell) for direct detection of Grou pA streptococcal antigen from throat **swab** specimens has been developed. It incorporates urease conjugated antibody as the detector and is easily interpreted by a yellow to purple color change. Throat specimens obtained on rayon-tipped **swabs** were transported moist in modified Stuarts medium and cultured before being tested in Visuwell (n = 585, prevalence 17.1%, sensitivity 88%, specificity 92.4%, predictive value positive 70.4%, predictive value negative 97.4%, and accuracy 91.6%). In instances of discrepancy between culture and Visuwell, throat **swab** extracts were tested in a **latex agglutination** test. IN 21 of 37 instances of Visuwell-positive, culture-negative specimens, **latex agglutination** was positive. Throat specimens obtained using double rayon **swabs** and transported to the laboratory dry had one **swab** cultured and the other tested in Visuwell (n = 280, prevalence 20.4%, sensitivity 75.4%, specificity 88.3%, predictive value positive 62.3%, predictive value negative 93.4%, and accuracy 85.7%). When 1+ culture positive specimens were considered negative, a sensitivity of 97.6% was obtained. In 14 of 27 instances of Visuwell-positive, culture-negative specimens, **latex agglutination** was positive. Cross-reaction with organisms other than Group A Streptococcus found in the oropharynx was negligible in Visuwell. Limit of detection of Group A streptococcal antigen was equivalent for Visuwell and **latex agglutination**.

L32 ANSWER 43 OF 48 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1987:434026 HCAPLUS
DOCUMENT NUMBER: 107:34026
TITLE: Hybridoma continuous cell line producing a monoclonal antibody for progesterone and its use in immunoassays and kits.
INVENTOR(S): Babu, Uma Mahesh; Mia, Abdus Salam; Pancari, Gregory Dean
PATENT ASSIGNEE(S): Pitman-Moore, Inc., USA
SOURCE: Eur. Pat. Appl., 13 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 223349	A2	19870527	EP 1986-306881	19860905
EP 223349	A3	19890913		
R: BE, DE, FR, GB, IT, LU, NL				
US 4720455	A	19880119	US 1985-773398	19850906
CA 1294904	A1	19920128	CA 1986-517501	19860904
DK 8604261	A	19870307	DK 1986-4261	19860905
AU 8662413	A1	19870312	AU 1986-62413	19860905
AU 600235	B2	19900809		
JP 62110154	A2	19870521	JP 1986-208082	19860905
PRIORITY APPLN. INFO.:			US 1985-773398 A	19850906

AB A hybridoma producing a monoclonal antibody for progesterone is made and the antibody is used in an immunoassay to detect progesterone in a mammalian body fluid, e.g. milk, serum, or plasma. The assay is a multiple tube procedure using a rod coated with the antibody in which the final tube will be highly colored for a female in the follicular phase,

e.g. a cow in estrus, and lightly colored for a female in the luteal phase, e.g. a pregnant cow. The assay reagents, pipets, and test tubes may be provided to the dairyman in the form of a kit. Hybridomas producing monoclonal antibodies to progesterone were prepared by standard techniques using progesterone in the form of 11α-hydroxyprogesterone hemisuccinate conjugated to bovine serum albumin as immunogen. For the assay, a polystyrene dipstick was made by injection molding to form a pencil-shaped **stick** .apprx.10 cm long and 7 mm in diameter The **stick** was 1st coated with a thin layer of a styrene/chloromethylstyrene polymer before being coated with goat anti-mouse IgG (Fc fraction) antibody. Monoclonal anti-progesterone antibody was then immunol. bound to the **stick**. The **stick** was immersed in a solution containing milk and progesterone-peroxidase conjugate for 10 min, in a washing solution containing Na2HPO4, KH2PO4, NaCl, and Tween 20, and then in a substrate-chromogen solution containing H2O2 and 3,3',5,5'-tetramethylbenzidine-2HCl for 5-10 min. An estrus milk control produced a moderate blue color and a pregnancy control produced a pale blue color.

L32 ANSWER 44 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 86003297 EMBASE
DOCUMENT NUMBER: 1986003297
TITLE: Effect of zaditen on serum immunoglobulin levels in patients with bronchial asthma.
AUTHOR: Wasek Z.; Malinowski R.; Plusa T.; Kruszewski J.
CORPORATE SOURCE: II Kliniki Instytutu Medycyny Wewnetrznej CWSK CKP WAM, Warszawa, Poland
SOURCE: Pneumonologia Polska, (1985) Vol. 53, No. 2, pp. 81-85. CODEN: PNPOD4
COUNTRY: Poland
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
015 Chest Diseases, Thoracic Surgery and Tuberculosis
026 Immunology, Serology and Transplantation
030 Pharmacology
LANGUAGE: Polish
SUMMARY LANGUAGE: English; Russian
ENTRY DATE: Entered STN: 911210
Last Updated on STN: 911210

AB The authors tried to compare the effect of Zaditen on serum immunoglobulin levels in patients with bronchial asthma. 29 patients were included in the study, 18 atopic, 11 nonatopic, age range 16-50 years, mean 30 years. Medical history, results of skin prick tests and RIST and RAST **immunoassays** were taken into account when assigning patients to the atopic and nonatopic group. In all patients serum Zaditen levels were determined. Statistical analysis was carried out. Zaditen effects IgG and IgE levels, this effect is beneficial in two ways. A decrease in IgE levels, is paralleled with an increase of IgG blocking antibodies, which resembles effects of hyposensibilization. This may imply a broader spectrum of action of Zaditen compared with that of Intal, especially in asthma of the post-adolescence in which there is domination of IgG antibodies.

L32 ANSWER 45 OF 48 MEDLINE on STN DUPLICATE 6

ACCESSION NUMBER: 85030961 MEDLINE
DOCUMENT NUMBER: PubMed ID: 6386878
TITLE: Enzyme immunoassay for the detection of group A streptococcal antigen.

AUTHOR: Knigge K M; Babb J L; Firca J R; Ancell K; Bloomster T G; Marchlewicz B A
SOURCE: Journal of clinical microbiology, (1984 Oct) 20 (4) 735-41. Journal code: 7505564. ISSN: 0095-1137.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198412
ENTRY DATE: Entered STN: 19900320
Last Updated on STN: 19900320
Entered Medline: 19841206

AB A **competitive** inhibition enzyme **immunoassay** for the detection of Streptococcus pyogenes directly from throat specimens or from solid bacteriological medium is described. Group A-specific polysaccharide adsorbed onto treated polystyrene beads, in conjunction with rabbit antibody to S. pyogenes, was used to determine the presence of the polysaccharide antigen. Inhibition values in excess of 65% were observed with 10(4) or more CFU of S. pyogenes per test. An inhibition of 25% was demonstrated with as few as 10(3) CFU per test. Heterologous microorganisms tested at 10(6) CFU per test reacted at levels of inhibition less than 25%. Two types of bacterial transport medium and **swabs** of different fiber compositions did not alter the assay performance. Accurate identification of S. pyogenes was achieved by testing single colonies picked directly from blood agar plates which had been incubated for 18 to 24 h. In addition, the assay was performed on throat specimens from children and adults having pharyngitis. A single-**swab**, blind study was conducted in which enzyme immunoassay reactivity was compared with results of blood agar culture and bacitracin sensitivity. When there were discordant results, serological identification was used as the confirmatory test. At an optimal cutoff value of 40% inhibition, sensitivity and specificity by enzyme immunoassay were 97.0% and 97.9%, respectively, as compared with confirmed culture results. The assay has an incubation time of 3 h and is a sensitive and specific method for the detection of S. pyogenes antigen.

L32 ANSWER 46 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 84049107 EMBASE
DOCUMENT NUMBER: 1984049107
TITLE: Relationships between glucose-induced elevation of serum potassium in the upright posture, hormonal changes and renal functions in **captopril**-treated hypertensives.
AUTHOR: Rado J.P.; Gercsak Gy.; Banos Cs.
CORPORATE SOURCE: 3rd Department of Medicine, Emil Weil Hospital, Budapest, Hungary
SOURCE: Hormone and Metabolic Research, (1984) Vol. 16, No. 1, pp. 57.
CODEN: HMMRA2
COUNTRY: Germany
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
003 Endocrinology
029 Clinical Biochemistry
018 Cardiovascular Diseases and Cardiovascular Surgery
028 Urology and Nephrology
LANGUAGE: English
ENTRY DATE: Entered STN: 911210
Last Updated on STN: 911210

AB The present study was undertaken to explore further the influence of CAP on the relationships between GI SK changes, hormone levels (plasma renin activity (PRA), plasma aldosterone (PA), and immunoreactive insulin (IRI))and renal function. Aldosterone suppression, upright posture and impaired renal function are the important factors in the development of CAP triggered GI SK elevations.

L32 ANSWER 47 OF 48 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 1984:114377 BIOSIS
DOCUMENT NUMBER: PREV198427030869; BR27:30869
TITLE: EFFECT OF OVER THE COUNTER SORE THROAT **REMEDIES** ON DETECTION OF GROUP A STREPTOCOCCI BY CULTURE OR **IMMUNOASSAY**.
AUTHOR(S): ASPDEN K P [Reprint author]; GORDON W C
CORPORATE SOURCE: HYNSON WESTCOTT AND DUNNING, BALTIMORE, MD, USA
SOURCE: Abstracts of the Annual Meeting of the American Society for Microbiology, (1984) Vol. 84, pp. ABSTRACT C201.
Meeting Info.: 84TH ANNUAL MEETING OF THE AMERICAN SOCIETY FOR MICROBIOLOGY, ST. LOUIS, MO., USA, MAR. 4-9, 1984.
ABSTR ANNU MEET AM SOC MICROBIOL.
CODEN: ASMACK. ISSN: 0094-8519.
DOCUMENT TYPE: Conference; (Meeting)
FILE SEGMENT: BR
LANGUAGE: ENGLISH

L32 ANSWER 48 OF 48 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 82133135 EMBASE
DOCUMENT NUMBER: 1982133135
TITLE: Fluorescent **immunoassay** for determining antiepileptic **drug** concentrations. Clinical usefulness.
AUTHOR: Smith D.B.; Carl G.F.
CORPORATE SOURCE: Dept. Neurol., Med. Coll. Georgia, Augusta, GA 30910, United States
SOURCE: Archives of Neurology, (1982) Vol. 39, No. 6, pp. 363-366.
CODEN: ARNEAS
COUNTRY: United States
DOCUMENT TYPE: Journal
FILE SEGMENT: 037 Drug Literature Index
008 Neurology and Neurosurgery
030 Pharmacology
050 Epilepsy
026 Immunology, Serology and Transplantation
LANGUAGE: English
ENTRY DATE: Entered STN: 911209
Last Updated on STN: 911209

AB The need for rapid and accurate antiepileptic **drug** measurement in blood is well established. A substrate-labeled fluorescent **immunoassay** (FIA)) has been developed that can measure phenobarbital, phenytoin, primidone, and carbamazepine in serum. To our knowledge, the primidone and carbamazepine assays have not previously been tested in a field trial. We compared FIA and the well-established antiepileptic **drug immunoassay** technique EMIT for the quantitation of both carbamazepine and primidone. In our hands, the FIA method compared favorably with the EMIT method for accuracy and reliability but is somewhat more time consuming. This method has the advantage of being more sensitive, however, and requires only a finger-**stick** blood sample. Because of this and the simplicity of the

equipment required, the FIA system should also be relatively inexpensive to set up and to operate.

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=> d his

     (FILE 'HOME' ENTERED AT 13:42:55 ON 26 MAY 2005)

     FILE 'MEDLINE, HCAPLUS, BIOSIS, EMBASE, WPIDS, SCISEARCH, AGRICOLA'
     ENTERED AT 13:43:35 ON 26 MAY 2005
L1           187 S JEHANLI A?/AU
L2           224 S BADWAN A?/AU
L3          2447 S SALEEM M?/AU
L4          2836 S L1-L3
L5            49 S L4 AND IMMUNOASSAY?
L6             4 S L5 AND LISINOPRIL
                 E IMMUNOASSAY/CT
L7        497049 S E3+OLD,NT,PFT,RT
L8        272081 S IMMUNOASSAY?
L9        656354 S L7 OR L8
                 E E48+ALL
L10         2405 S L9 AND IMMUNOGOLD
L11          492 S L9 AND GOLD(5A)IMMUNOASSAY?
L12         6024 S L9 AND GOLD
L13         7730 S L10-L12
                 E LATEX/CT
L14       256284 S E15+OLD,RT,NT,PFT
L15        13334 S LATEX(5A)AGGLUTINATION
L16       265511 S L14 OR L15
L17        17712 S L9 AND L16
L18        25097 S L13 OR L17
L19           47 S L18 AND (STICK? OR PADDLE?)
L20          268 S L18 AND SWAB?
L21          314 S L19 OR L20
L22            8 S L21 AND COMPETITIVE
L23            0 S L21 AND LISINOPRIL
                 E DRUG/CT
L24       660353 S E3+OLD,NT,RT,PFT
L25           53 S L21 AND (L24 OR DRUG? OR PHARMACEUT? OR MEDICINE# OR REMEDY
                 E DRUG/CT
                 E DRUG ASSAY/CT
                 E DRUG TEST/CT
                 E DRUG IMMUNOASSAY/CT
                 E ASSAY/CT
L26            3 S ANTIGEN?(5A)CONJUGATE# AND L21
L27           20 S COMPETITIVE (5A)IMMUNOASSAY AND (STICK? OR PADDLE? OR SWAB?)
L28            0 S L21 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR ENALAPRIL
L29           26 S L18 AND (LISINOPRIL OR AMILODIPINE OR CAPTOPRIL OR ENALAPRIL
L30          101 S L22 OR L25-L29
L31           59 S L30 NOT (PY>2000 OR PRY>2000 OR AY>2000)
L32           48 DUP REM L31 (11 DUPLICATES REMOVED)
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